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ABSTRACT

This volume of "Healing Magazine" features practical, clinical information aimed at sharing current work in children's mental health. The first issue contains articles on intervention for self-injurious behavior, providing school-based grief groups, effectively using time-out as a parenting tool, and KidsPeace's suicide prevention program. The second issue contains articles on credibility and connection in adolescent therapy, educational support programs for children of alcoholics, the healing power of animals, and parenting stressed out children. Each issue contains supplementary resources and book reviews. (GCP)

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Healing Magazine
Volume 8, Nos. 1 and 2

2003

KidsPeace
The National Center for Kids Overcoming Crisis

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Spring 2003 • Volume 8, No. 1

HEALING

KidsPeace
The National Center for Kids Overcoming Crisis

Magazine

Techniques for Intervention

Gaining confidence in KidsPeace's TV studio
Facing self-injurious behavior
Identifying suicidality

Parenting strategies

Effectively using time-out
Proactive discipline
How important is play?

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C.T. O'Donnell II, KidsPeace
President and CEO

Commitment to children

Dear Friend of Children,

Whether you're a clinician, a counselor, an educator, or an automobile technician, if you have children, you know that being a parent is your most important job. And like any job, parenting can be both extremely rewarding and supremely frustrating. Our purpose at *Healing* magazine is to bring you information that can help you become more effective not only in your workplace, but also at home. In this issue we offer some strategies for parenting, knowing that your commitment to children does not end when you leave work.

In these pages you will meet Richard Lange, M.Ed., MSW, leader of an inner-city parenting group, who shares insight for every parent who has struggled with using "time-out." Lynne Reeves Griffin, RN, M.Ed., tackles the topic of proactive discipline for parents whose kids will not respond to traditional parenting methods. And pediatric occupational therapist Joyce Mastrilli explores the important role that play can have in children's lives.

This issue also presents an informative article on self-injurious behavior, a profile of KidsPeace's suicide prevention training curriculum, and strategies for how parents of special needs children can keep their relationship strong. Healing remains committed to bringing you practical, clinical information and tools that can help you help others. As always, we welcome your comments, suggestions, and article submissions. We thank you for your continued dedication to growing both as a professional and as a guardian of children. And we thank you especially …

For the Kids,

C.T. O'Donnell II

C.T. O'Donnell II

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HEALING™

KidsPeace®
The National Center for Kids Overcoming Crisis

Magazine

Spring 2003 • Volume 8 Number 1

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ABOUT KIDSPEACE

KidsPeace is a private charity dedicated to serving the critical mental and behavioral health needs of children and teens. Since 1882, KidsPeace has been helping kids develop the confidence and skills they need to overcome crisis in their lives. KidsPeace provides an array of specialized residential programs for hard-to-place kids. Today, KidsPeace offers a comprehensive range of treatment programs, educational services, and treatment foster care options to help families help kids anticipate and avoid crisis whenever possible. The articles contained in KidsPeace's *Healing* magazine do not necessarily express the views of KidsPeace or its subsidiaries. The models represented in *Healing* are for illustrative purposes only, and in no way represent or endorse KidsPeace or any of the subjects, topics, products, or resources contained in *Healing*.

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KidsPeace kids at KPTV create television productions from concept to completion, gaining confidence and skills along the way.

LIGHTS . . . CAMERA

By Amanda Lehrhoff and Miriam H. DiBiase

The staff at KidsPeace are always on the lookout for new and exciting ways to help kids overcome crisis. At KPTV – KidsPeace's own closed-circuit television station – kids have the chance to participate in a unique kind of therapy that empowers them, helps them bond with their peers, and allows them to leave the studio with a sense of accomplishment.

A wave of nervousness sweeps over Mia as she enters the television studio. She's a timid girl, preferring to stand by herself rather than interact with the people around her. She inspects the high-tech studio and silently vows not to touch anything, fearing she might break or misuse something. Today, Mia and her fellow group members will be filming "Poetry Corner," a show featuring the writing of KidsPeace kids. Mia isn't the only timid one in the room: It seems that everyone is a little scared of the large cameras, the bright lights, the mixing board with its many dials – the feeling of responsibility that fills the place. But when Wendy Barron, KPTV Supervisor, begins to describe the experience these kids will have, Mia's fear begins to change … into excitement.

At KPTV, kids create, develop, and produce programs, using the latest equipment and techniques to learn the basics of television production. KPTV also creates and develops program content and schedules, as well as handling the daily operation of KidsPeace's closed-circuit cable channel. This channel broadcasts shows produced by kids, featuring programs on athletic events, seasonal specials, and kids' creative writing.

Reflecting the Model of Care

Kids come to KidsPeace because they have experienced some kind of crisis, and as part of their treatment at KidsPeace, they participate in several kinds of therapy. The philosophy behind KPTV's therapy is articulated in the KidsPeace Model of Care – a statement of the KidsPeace beliefs and principles that form the foundation of the organization's care and treatment. The programs at KPTV incorporate this Model of Care, emphasizing two of the model's core beliefs: Relationships and Belonging, and Empowerment. Most of the programs require the kids to work together as a team to accomplish the tasks set before them, which promotes relationships and interaction. Each kid is given his or her own tasks to perform, allowing all participants to have individual responsibility while taking part in the final product. Although they are given guidelines and lessons on how to use the equipment, the kids run the show. It is important to recognize that they do most of the work, Barron notes. "The kids create the shows," she says. "We just give them the means to do it."

KPTV programs

Filming the KidsPeace basketball and wrestling teams' seasons seem to be the kids' favorite projects. The kids conduct one-on-one interviews with the players in addition to filming games and practices. These projects are multi-camera sports productions that resemble real-world television production practices. Also similar to network productions are KPTV News shows, which include daily live broadcasts of morning announcements for KidsPeace's Donley TEC school. The kids research and write the scripts for all KPTV News broadcasts, as well as serving as anchors, operating the cameras, and directing the action.

Another KPTV program features KidsPeace kids who participated in the Bicycle Racing League at the Lehigh Valley Velodrome in Pennsylvania's Lehigh Valley. The KPTV group created a kid-produced documentary-style video about the kids in the league, documenting their progress from beginning to end. The project required kids to travel to the velodrome, film and interview the racers on the track, and return to the studio to finish the project.

Other programs produced at KPTV include introductory and closing footage for movie marathons, vignettes about such special events as Earth Day, and "Poetry Corner," which features and discusses the creative writing of KidsPeace kids.

Healing through togetherness

In order to make the programs as successful as possible, KPTV staff ask participants to complete evaluations at the end of their studio experience. Fifteen-year-old Melinda, who wasn't thrilled about working at KPTV at first, commented on her experience when it was over: "I enjoyed interacting with peers and staff. I usually keep to myself and am scared to talk with others. This was nice and I felt like part of a team."

Most kids leave KPTV with similar feelings of connectedness. KPTV fosters a sense of belonging, promoting relationships through the group nature of the programs. Teamwork is vital to the success of the programs, because if the kids don't work together, no program would ever reach completion. By the end of two days at KPTV, the kids have become a cohesive unit, even though some of them started as strangers.

Kids with low self-esteem benefit from the KPTV programs because the atmosphere and tasks are conducive to "blossoming." When the kids view their work at the end of the KPTV session, each participant can see his or her work and be proud of accomplishing something so professional in front of everyone else. And all productions are broadcast on KidsPeace's closed-circuit channel, so all KidsPeace residents in the area can see the kids' work.

Kids who work on KPTV productions gain a sense of empowerment and belief in themselves as they discover they can do whatever they put their minds to. They are trusted to use expensive equipment, which is a great self-esteem boost for kids who might not know what it's like to be trusted with even the smallest of responsibilities. While some kids are at first ambivalent about operating the boards or being in front of the camera, these same kids often don't want to leave the studio later. Many kids feel the way Melissa did at the end of her time at KPTV: "It made me feel important," she wrote in her evaluation, "and I wish I could come back every week."

Kids who work on KPTV productions gain a sense of empowerment and belief in themselves as they discover they can do whatever they put their minds to

A future in television

Jake, age 12, has participated in KPTV programs three or four times and has shown a strong interest in and talent for working with the camera. When the KPTV staff discovered that Jake struggles at school with his everyday subjects, they realized that he had found his niche – his talent is in TV. Seeing Jake's passion for behind-the-scenes television gives the staff hope that this enthusiasm will be a catalyst for him to stay in school and, perhaps, go to college for TV production.

The creative, hands-on activities at KPTV give the kids a chance to discover what they can do and who they can be by encouraging them to add their own personal touches. Working with the cameras and other equipment gives the kids an opportunity to participate in new situations. Asked to describe his experience at KPTV, Greg said, "My experience with KPTV was wonderful and I had a lot of fun. I felt like I accomplished something great and might try this when I go to college."

Discovering themselves

KPTV programs are multifaceted in nature, aiming to motivate the kids to be a part of something, express themselves, and try new things. It is the uniqueness of the programs that makes the kids want to come back a second or third or fourth time. These programs inventively serve as therapy through the use of TV. While they work, the kids learn about their talents, discover new career options, and just have some plain old fun.

HEALING!

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Self-injurious behavior: how to intervene before it's too late

By Jennifer A. Bradley, Ph.D.

Sometimes treatment simply doesn't help a child who has experienced chronic emotional stress. Often, such a child may feel he has to find a way to help himself alleviate the pain. But in a desperate attempt to relieve the emotional pain, he may resort to causing himself physical pain to take its place.

Self-injury, or any act that is done to oneself with the intention to inflict harm, but not intending to kill, can be accomplished by the cutting, scratching, or burning of the skin, head-banging or hitting oneself, swallowing caustic fluids or objects, or even excessive body piercing. Self-injury is usually done repetitively and often occurs in secret. A person may self-injure impulsively, or she may even fantasize obsessively and make elaborate plans involving self-injury.

The reasons a person would resort to self-injury are many. While self-injury does provide a sense of relief, it is also a form of communication. It can signal a need for help, a need to keep others at a safe emotional distance, or it can be an expression of anger that the individual finds hard to express verbally. Self-injury is often practiced to manage intense negative feelings.

Some may think that self-injury is simply an attention-seeking behavior. But because there are so many easier and more effective ways of getting attention, self-injury may just be a show of incredible self-restraint in a person who struggles with suicidal thoughts.

Self-injurers want to be understood, to feel accepted, and to be able to find relief from intense distress. Those who self-injure may reject offers of help from others because of past treatment failures, overwhelming fear, or their feeling that the help offered may not be effective.

It's often difficult to assess the severity of a person's self-injury, primarily because most acts of self-injury don't receive medical attention. Self-injury also tends to increase in severity over time, if not treated properly, and those who self-injure are at much higher risk of eventually committing suicide.

How can you help?

There is no quick and easy "cure" for self-injurious behavior. Individuals who self-injure need patience and understanding. They need to be acknowledged for their inner strength and permitted to deal with their self-injury at their own pace.

Support can make a great difference in their lives. A concerned friend or parent can provide a wealth of support by providing caring and concern without being judgmental or controlling. More than anything, a person who self-injures needs to feel accepted and in control of his or her life. Here are some ways that you can help:

- **Address** the self-injurious behavior in a calm and non-judgmental way. Let the person know that it is OK to talk about his or her behavior.
- **Show concern.** Tell the person that you care about him or her, and offer compassion and respect.
- **Encourage** the person to seek support. Help him or her find a therapist, if he or she does not already have one. Assist the person in locating a support group for people who self-injure. Encourage the person to ask for help when he or she needs it.
- **Talk** with the person about the importance of respecting and valuing his or her body. Developing a desire to take better care of oneself is an important step in ending self-injury.
- **Don't pressure** the person to stop self-injuring. Instead, recognize that the person uses self-injury to cope with overwhelming feelings. Encourage the person to express the feelings in other ways, like talking, writing, drawing, or exercising.
- **Acknowledge** progress on other goals. Some people can make progress in many areas and still self-injure, at least for a while. Acknowledge steps the person takes toward living a healthier, happier life.

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Promoting healing

Self-injury is simply a coping mechanism that has gone awry. Those who suffer from self-injury can be helped through the understanding and patience of those around them, while progressing toward a "self-injury-free" life by making small, healthy choices on a daily basis. Finding a professional therapist who is knowledgeable about self-injury and who is willing to let the individual progress at his or her own pace can make an enormous difference in the life of someone who suffers from self-injury. But most important is the knowledge that there is hope for complete recovery.

Jennifer A. Bradley Ph.D., is a psychologist at KidsPeace in Orefield, Pennsylvania, who regularly works with children and adolescents who struggle with self-injurious behaviors. Bradley also serves as a life coach and is employed as an adjunct professor at Penn State Lehigh Valley.

Alternatives to self-injury

There are many ways for people who self-injure to work through the overwhelming urge to hurt themselves. The following are some alternative behaviors and thinking strategies for the person who self-injures.

- Work to **increase your ability to tolerate emotional distress.** Many people find that strengthening their spiritual practices helps them accept their situation and often find a sense of peace.
- Use techniques to **stay focused in the present**, taking the spotlight off the past or the future. Meditation, yoga, tai chi, and other activities help you gain control over your mind, reducing the frequency and severity of the intense mood states that trigger the urge to self-injure.
- **Develop ways to self-soothe.** Try many different experiences to identify things that feel good. Experiment with your senses. Taking a warm bath, preparing and eating healthy food, wrapping up in a warm blanket, watching a favorite movie, and listening to soft music are all examples of self-soothing acts.
- When you have the urge to self-injure, **distract yourself.** Some people find that forcefully telling themselves "No!" or "Stop!" can be helpful. Others need to have an "action plan" in place. An action plan lists activities that a person can do to distract him or herself, as well as people to call for help.
- If distraction is ineffective, do your best to **delay the self-injury.** Even a delay of a few minutes is progress. The purpose of the delay is to take a step toward self-control.
- **Try alternatives.** Paint your fingernails. Rip up paper or fabric. Exercise. Make a lot of noise. Say the alphabet backward, count by serial 7s, or rehearse a poem.
- If you must self-injure, **choose the least damaging option.** If at all possible, use options that do no permanent damage, such as putting ice on your wrists, or snapping a rubber band on your wrist. For those who need to see "blood," putting red food coloring in ice cubes, or drawing on your arms with a red marker are often effective.
- **Carry "safe" objects with you.** Objects could include squish balls, crystals, small books, beanie babies – anything that provides comfort and relieves stress.
- **Use art to express yourself.** Try painting, sculpture, pottery, or dance. Use finger paints. Experiment with different ways to express yourself without words. Some people enjoy making collages from magazine clippings. This is a great way to symbolize yourself, another person, or even a group or family. Collages are beneficial in a number of ways – they keep your hands and mind busy, they provide an attractive finished product, and they often provide insight, as well.
- **Write in a journal,** even if only for short time periods, such as 10 minutes a day. Not only does it help with insight, but it also can provide documentation of your progress.
- **Make lists.** Write down all of the things you can think of to describe your experience right now, such as time, date, specifics about your surroundings, what you are wearing, your age, etc. This is a great way to ground yourself. Use lists to identify ways in which your present situation is different than a past dangerous or difficult one.
- Become an expert on yourself. **Track your "triggers"** – those thoughts, feelings, memories, or events that trigger the urge to self-injure. Notice how you felt when you started thinking about self-injuring. Experiment with new ways to create the same feeling without doing damage. Actively work on altering your habitual responses.

I'M SORRY ABOUT YOUR DAD:

Providing a school-based grief group

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by Laurie Eitel, LCSW; Sandra Singer, Ph.D.; and Claudia Weiss-Hassman, LCSW

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On September 11, 2001, in East Brunswick, New Jersey, public schools faced a challenge: Six students, ranging in age from 8 to 11 years old, had unexpectedly experienced the death of a parent. In response to this tragedy, the district's Student Assistance Specialists organized a weekly support group for these children with several objectives in mind. First, since the students attended three different elementary schools in the district, it was important to get them together, to show them that they were not alone, and to help them meet others like themselves. Second, they needed a place where they were free to express their feelings, ask questions, and develop coping strategies. Third, the group was intended to encourage a sense of trust and friendship among the children so they could continue to support each other in the future, and, since the children's current lives were consumed with grief, to give them opportunities to have a little fun as well.

A TOY MICROPHONE WAS PASSED FROM SPEAKER TO SPEAKER, SIGNIFYING WHICH STUDENT HAD THE FLOOR. EACH CHILD HAD A CHANCE TO SHARE WHAT WAS ON HIS OR HER MIND . . .

Preparing teachers and classmates for a grieving child

After the World Trade Center disaster, all but two of the six children who lost a parent were absent from school for an extended period of time. As a result, it was necessary to prepare teachers and classmates for the children's re-entry into school. To do so, the Student Assistance Specialists met with each teacher to discuss how children grieve, what problems to look for, and ways to support the children throughout the school day. The Student Assistance Specialists also spoke to classmates about loss and ways in which they could help.

Teachers were educated about the typical signs of grief in children. They also were encouraged to be aware of their personal feelings and attitudes about the tragedy so they would be comfortable discussing the issue with their students. Student Assistance Specialists instructed teachers on how to be good listeners and emphasized the importance of validating grieving children's feelings. They were prepared to allow a grieving child to leave the classroom, if necessary, by arranging a signal and a safe place for him or her to go.

To prepare the other students for the return of their grieving classmates, they were given clear, honest information about what had happened on September 11. Student Assistance Specialists discussed appropriate words of sympathy and support that class members could offer their friends, such as, "I'm sorry about your dad," and "I'm glad you're back in school." Students were encouraged to avoid asking too many questions about their friends' losses but to listen well if their friends wanted to talk. Finally, the class was urged not to exclude the grieving children from activities.

Structure of the group

The group began meeting six weeks after the tragedy and met weekly in one-hour sessions for 24 weeks. The children were transported to the group's meeting place after school so that their school day was never disrupted.

Striving for consistency from week to week, the group began each meeting with a snack while they shared their weekly news. A toy microphone was passed from speaker to speaker, signifying which student had the floor. Each child had a chance to share what was on his or her mind and then to respond to questions or comments by other group members; each also was free to pass on his or her turn if he or she did not feel comfortable sharing. After the snack and news, activities often included a structured game followed by an art activity or book sharing. Intentionally chosen activities provided comfort for the children, an opportunity to develop group cohesion, and an outlet for sharing feelings.

Each weekly session concluded with a sharing activity. The group stood in a small circle and an open-ended question was asked, such as, "With whom do you feel most comfortable sharing your feelings?" Each group member had the opportunity to answer the question or to pass. During the course of the meetings, each child had a chance to make up a question for this sharing activity, as well.

Building group trust and identity

The children who participated in the group clearly shared a common bond that brought them together. However, this in itself did not guarantee a sense of trust among group members. As in all groups, trust and group identity took time to develop through acceptance and time spent together. In this group setting, the children were at first hesitant to share feelings or even acknowledge why they were there. Several of the initial sessions focused on helping the students learn about each other and how to work together. This resulted in an increased comfort level among the children, allowing them to express their feelings. They came to appreciate and expect the weekly routine, which eventually provided a feeling of security within the group setting.

Moving through the grief process

In her book *Good Grief: Helping Groups of Children When a Friend Dies* (New England Association for the Education of Young Children, 1988), Sandra S. Fox discusses four steps in the grieving process that children need to work through: understanding, grieving, commemorating, and going on. This group was designed with these needs in mind.

(continued on page 9)

KidsPeace

PCSW

Life Space Crisis Intervention

Crisis as Opportunity

A training program providing strategies and skills for working with student behavioral problems

About LSCI

LSCI is an advanced, interactive therapeutic strategy for turning crisis situations into learning opportunities for youth with chronic patterns of self-defeating behaviors. Developed by Dr. Fritz Redl, LSCI uses a student crisis as an opportunity for staff to teach and for students to learn.

The target audience for this continuing education program includes social workers, counselors, psychologists, mental health professionals, teachers, nurses, and child-care staff.

Advantages of LSCI

LSCI is a multi-theoretical model integrating Psychodynamic, Cognitive, and Pro-Social theories into a dynamic and comprehensive strategy. It is initiated by staff whom students know and is rooted in personal insights, behavioral changes, and natural consequences. This is an authentic, captivating, and powerful series with specific "walk-away skills" for staff who want to go beyond the surface management of chronic and inappropriate student behavior.

Learning objectives

At the conclusion of this program, participants should be able to:

- Use the foundational skills necessary to complete a successful LSCI interview.
- Recognize six specific interview techniques to use with troubled children and youth.
- Help clients respond to various situations – from helping them de-escalate from a crisis to gaining insight into the problem and applying more effective behaviors.
- Pass a written and practical exam based on textbook, videotapes, simulations, and small group tasks.

KidsPeace Institute™

This course is co-sponsored by the Pennsylvania Society for Clinical Social Work, Inc. and KidsPeace

For your convenience, this five-day seminar is offered several times in 2003:

• June 23-27 • Sept 15-19
• Oct 20-24 • Dec 8-12

KidsPeace Donley Therapeutic Education Center
Orefield, PA

8:30 a.m. to 4:30 p.m.

Attendance at all five days required for credit.

How do I register?

The fee for this program is $495. If registering by phone, please use marketing code **HLSCI03**. Attendance is required at all five days (40 hours). A textbook and course manual are included in the course fee. A continental breakfast will also be provided each morning.

Payment is due at the time of registration. If paying by credit card, you can fax your registration form to 610-799-7250. Or, you can mail the completed registration form with payment to the address listed on the registration form below.

Refund policy: Please note that only those refund requests received in writing three days prior to the first training day will be processed.

Questions? Call 1-800-25-PEACE, ext. 8195.

Registration form: Detach here. Please return at least one week prior to seminar date to: The KidsPeace Institute • Attn: Helene Navarro (HLSCI03)
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Life Space Crisis Intervention: Crisis as Opportunity

A training providing strategies and skills for working with student behavioral problems

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(continued from page 7)

ACTIVITIES TO BUILD TRUST AND COHESION

- **I Scream card game** *(by M.J. Moran)*
- **Old Maid card game** *(by Milton Bradley)*
- **Sand Castles game** *(by Family Pastimes)*
- **Secret Door game** *(by Family Pastimes)*
- **Friendship Floor Puzzles** *(by OTC)*
- **Sleeping Grump game** *(by Family Pastimes)*
- **It's Okay card game** *(by International Playthings)*

BOOKS TO HELP CHILDREN UNDERSTAND DEATH

- **Lifetimes: The Beautiful Way to Explain Death to Children.** *Mellonie, B. and Ingpen, R. (Bantam Books, 1983)*
- **When Dinosaurs Die: A Guide to Understanding Death.** *Brown, L. and Brown, M. (Little Brown and Company, 1996)*
- **A Terrible Thing Happened.** *Holmes, M. (Magination Press, 2000)*
- **The Saddest Time.** *Simon, N. (Albert Whitman & Company, 1986)*
- **When Someone Very Special Dies.** *Heegaard, M. (Woodland Press, 1988)*
- **Sad Isn't Bad.** *Mundy, M. (Abbey Press, 1998)*
- **What on Earth Do You Do When Someone Dies?** *Romain, T. (Free Spirit Publishing, 1999)*

FEELING GAMES

- **The Talking, Feeling, and Doing Game** *(by Creative Therapeutics)*
- **Feeling Frogs** *(by Childswork/Childsplay)*
- **Bag Your Feelings** *(by Feelings Factory Inc.)*

Understanding

Children need age-appropriate information regarding their loss. The children in this group came with the knowledge that a parent had died and, in the simplest terms, was not coming back. The children were given the opportunity to discuss their loss and to share with others the moment when they had learned that their parent had died.

Grieving

Books and games were frequently used to encourage the children to express their grief. (See sidebar.) Since all the children were able to read, they took turns reading books out loud. Whether reading or playing a game, they all had the opportunity to express their feelings and experiences.

Commemorating

The group also devoted time to commemorating the parents who had died. The students brought in pictures and objects that had special meaning to them and their parent. One child brought in a snow globe that contained a picture of herself with her dad. Another child wore his father's golf medallion on his hat. Each child presented the object, explained its significance, and passed it around for the others to see.

Each child also made a memory box, which was decorated and then filled with meaningful items. Throughout the duration of the group, children shared newspaper articles and online sites that honored their fathers or mothers. The final commemorative activity was the planting and dedication of a memorial garden at one of the schools.

Going on

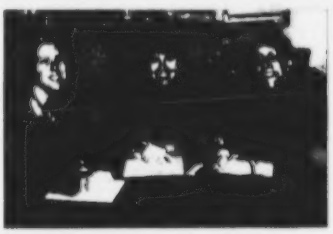
The final task was to provide the students with coping strategies for daily living. Part of this process was having the children brainstorm a list of activities that made them feel better and encouraging them to return to the list when they were feeling down. The children were also taught relaxation exercises, with bubbles used to demonstrate proper breathing techniques.

The group also put together an address book that included a photo of each child and counselor, along with each group member's telephone number and home and e-mail addresses. The address book was given to them as a means of staying connected with each other once the group concluded. The book also contained a list of the coping activities the children had brainstormed.

Helping others

Although this group was formed for a very specific reason, this model can easily be adapted for those with other needs. For example, children experiencing loss as a result of a serious illness or accident would benefit from participating in a similar support group. The group need not be restricted by age or grade, since children will respond at their own developmental level. Providing peer support for children who have experienced a significant loss can help them better understand and cope with their unique life circumstances.

INTENTIONALLY CHOSEN ACTIVITIES PROVIDED COMFORT FOR THE CHILDREN, AN OPPORTUNITY TO DEVELOP GROUP COHESION, AND AN OUTLET FOR SHARING FEELINGS.



(Left to right) Laurie Eitel, Sandy Singer, and Claudia Weiss-Hassman implemented a grief group for children in their school whose families had been personally affected by the World Trade Center disaster.

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Time-out!

How to effectively use this common parenting tool

By Richard Lange, M.Ed., MSW

"Billy won't stay in time-out."

"I had Sharon in time-out for half an hour and she still fights with her brother."

"Time-out doesn't work."

As the leader of an inner city parenting group for 12 years, I have heard comments like these hundreds of times. Many parents are confused about how to use time-out, the majority of parents using it as punishment. Time-out was not and is not designed to correct a child's behavior. Parents say, "Don't touch the television or I'll give you a time-out," or "Keep doing what you're doing and you'll get a time-out." Sending a child to a "time-out" for misbehaving is a punishment, no different from the old-fashioned "standing in the corner." Time-out, when used properly, can be very effective, but it is effective for only one thing: teaching a child how to calm down.

Time-out's purpose

Children often have trouble controlling their emotions. Every parent knows the signs – the red face, the clenched hands, the rising voice. The child loses control, launching into an angry outburst, a crying spell, a temper tantrum. The behavior-modification technique of time-out prevents outbursts by teaching children how to gain control of their emotions. Parents know the warning signs; they just have to apply time-out correctly to avoid the child's emotional meltdown.

Most parents have a vague notion of how to use time-out properly – send a child to his or her room, to the corner, or to a time-out chair. But this is only half of the solution. Additional steps have to be taken to make sure that the child learns how to calm down. With a small amount of practice any parent can effectively use time-out. Following are some time-out do's and don'ts for any parent who would like to help his or her child learn self-control.

Time-out do's

Tell the child the reason for the time-out.

Explain clearly what the child is doing that warrants a time-out: "Alice, your face is red, your hands are clenched. I think you need a time-out." Identifying physical manifestations of frustration helps the child learn there is a need to settle down. Saying, "Sally, you need to calm down," is vague. "Ramon, your face is red and you look like you're about to cry; we should time-out," is better.

Model calmness when approaching a child for a time-out.

To teach calmness, parents need to demonstrate it in their behavior. Running to the child, screaming at the child, yelling from three rooms away, or acting excited makes the child more anxious. Instead, walk up to the child, make eye contact (stoop down if you have to), and speak slowly; "Ashia, I see that you are running around too much, we have to have a time-out."

Teach calming skills while in time-out.

Teach the child a calming technique such as deep breathing. Model techniques and help them practice. Ask the child where she feels tension: "Do you feel upset in your stomach, or in your head?" Help her relax areas where she feels tight. Teach her how to relax her muscles. Give her a big hug, sing a song, be creative in your technique – but do whatever it takes to get the child calm, because this is the core of the time-out procedure.

You might want to suggest some energy-reducing tasks. Like adults, some children cannot calm down with deep breathing. They need movements, such as walking. Allowing a child to walk or to run around the yard or the block can release tension. The goal is not to get the child more excited, but to release the pent-up energy and work toward becoming calm. After allowing this movement, a parent can say, "Whoa, great running! Do you think you can sit still now?" Remember to avoid making activity a punishment. Clearly you don't want to say, "Greg, you're wild right now. Give me 10 laps around the yard." Instead, it should be, "I see you are having trouble calming down. Maybe you need to let off some steam. Do you want to go for a walk with me?"

After the child is calm, teach problem-solving skills.

Once a child has calmed down, talk about solutions. Let's say the child hit his sister because he wanted the toy that she had. Talk to the child about what he could have done instead of hitting. Explore options. Talk about alternatives. Although time-out calms the child down, the real solution is to help the child avoid the situation that caused him or her to become upset in the first place. Don't ignore the problem once the child is calm and don't send the child back to a different situation as if nothing happened. Take the child back to the problem and guide him in coming up with problem-solving ideas.

Give older children a choice for the time-out.

Time-out teaches children how to gain control; it is not a power struggle. Offering time-out choices provides a way for the child to demonstrate self-control and mastery of the skill. "Henry, you look like you're getting upset. Do you think you need a time-out?" "No Mom, I think I can handle it; give me a minute." If the child calms down, then the parents have got it made. Some children might realize on their own when they need a time-out. These children will probably not give their parents a fuss when redirected to time-out if they understand

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it was partly their choice.

Older children might take advantage of this choice – "I don't think I need a time-out, I'll be alright." A child who chooses not to have a time-out and then begins to lose control should be redirected to take a time-out. "Henry, I see that you thought you could talk to your brother without yelling, but I think that you need to calm down some more before you try it again." Choices for timing-out should only be used with children who have already learned the skill of calming down. Parents should carefully consider when a child is old enough and ready to make his own decision about the suitability of a time-out.

Praise for a good time-out.

Since skills are better learned and remembered when reinforced, parents should praise children when they become calm in time-out. "Sally, you did a good job calming yourself down." The message to the child is that he or she can learn the skill and that the parents recognized that the child is able to learn. Once a child has really mastered the skill, don't forget to continue the praise: "Johnny, I watched you starting to get upset with your friend, but you got control. Nice job." Often when a child becomes good at calming down, parents will too quickly take it for granted. A little encouragement goes a long way.

Time-out don'ts

Don't use time-out as punishment.

Time-out is not and should never be used as a punishment. A punishing time-out doesn't teach a child how to calm down but makes him or her more anxious and annoyed, escalating the emotional outburst. Imagine a child who accidentally spills his milk while playing. The child is startled by the accident. An angry, yelling parent removing the child to time-out only adds confusion, fear, and anxiety.

When children are sent away, the message is, "You're bad; I want you out of my sight." That's not a healthy message. It's no wonder that children in time-out frequently leave time-out on their own. These children are not disobeying their parent's orders (as many parents feel), but doing the opposite – seeking to regain the parent's affection and love.

Don't isolate a child in time-out.

Time-out does not mean solitary confinement. Take the child with you and sit with the child. Take her to a quiet area and sit or stand next to her. How can you teach calming skills if the child is sitting alone in a room?

Of course, if you are timing-out a child from a conflict between the two of you, or if being with the child makes her more excited, then have someone else in the family go with the child. If you are alone and there are no other family members around, have the child go to a separate place, but somewhere you can still see each other.

Don't expect the child to solve his or her own problem in time-out.

Parents send a child to time-out to "think about what he did." While problem-solving is part of the time-out procedure, solving the problem is only possible when the child is calm. When a child reaches the point that time-out is needed, the child is generally too upset to analyze his or her behavior. Generating solutions requires a child to be calm. Don't expect children to do this alone.

Don't time-out in the same place every time.

If children are to learn how to calm down, they need to learn how to do it anywhere. If a child begins to associate calming down with sitting in a particular room or on the red chair, what's a parent going to do when a child loses control in a restaurant? Calming down is a skill, not a location. For example, if at the dinner table a child is about to hit his sister, take the child into the next room, the den, or even outside (if it's a nice day) for the time-out. Varying the locales can help the child learn how to calm down in different environments.

Time-out's results

For children to learn how to deal with problems, time-out must be a pleasurable, calming experience. Remember that the goal is for the child to learn to gain control of his or her emotions. Any parent would be pleased to hear, "Mom, I need a time-out right now, I'm going to go to my room for a few minutes." If children learn how to control themselves, they will be less likely to use aggressive behavior to have their needs met. By making time-out an enjoyable, peaceful experience, children will learn to gain control of their emotions and will still feel loved and respected by their parents.

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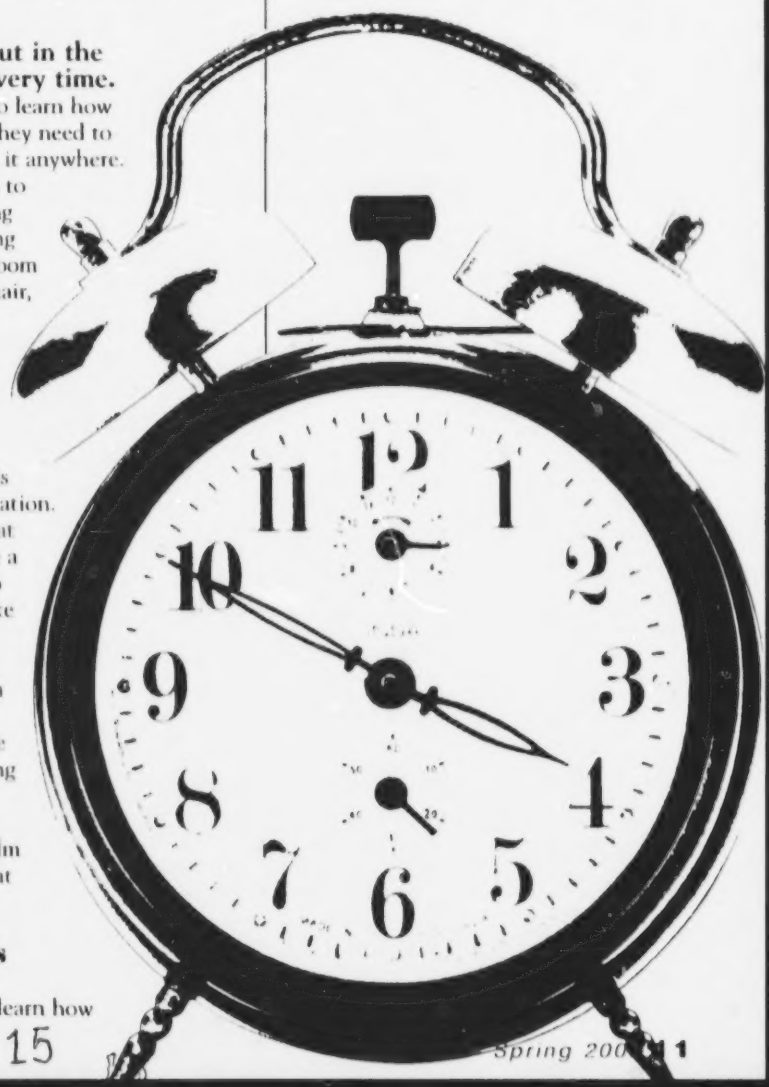

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Play for balanced living

by Joyce Mastrilli

Justin is a typical 6-year-old with a full day of school, soccer practice on Monday and Wednesday, piano on Thursday, and ice hockey on Tuesday and Saturday. He is busy every day with a balance of school, sports, and music. But will this full schedule prepare him for a balanced adult life?

Some children, like Justin, live overscheduled lives with no free time to play. Many families have surrendered family time in pursuit of numerous – however worthwhile – activities for their children. This seems to be especially true for those families with the financial resources to provide exposure to and training in a wide variety of pursuits.

What happens when the children are left to play on their own? The children have to communicate their feelings to one another, think things through, make suggestions for alleviating the disagreement, come to a mutual decision, and finally work together to find a solution.

At the opposite extreme are children entertained each day by hours of television and video games. According to the TV Turnoff Network (www.tvturnoff.org), the average American child between ages 2 and 17 spends more than 19 hours per week watching television. In fact, just 10 hours of TV watching per week has been shown to negatively affect academic achievement. And this doesn't even include time spent playing video games.

In either scenario, children may be missing out on one of the best means they have for mastering skills, trying out new ideas, and learning how to interact with others – unstructured play. Some parents believe they are not doing enough for their children and want to offer them exposure to numerous activities. They want their children to be competent, competitive, and prepared for adult life. Parents should be reassured that by encouraging unstructured play, they are promoting the development of such important life skills as independence and self-reliance.

Imagination and social skills

In their preschool years, children begin to role-play. They assume the identities of the adults in their lives, often beginning by imitating a parent or caregiver. Then the child expands to imitating others in the community (for example, doctors, grocery cashiers, waiters, teachers) or personalities from the media (such as characters from their favorite movie or cartoon). Children use their imaginations as they pretend to be animals or animated characters. They develop their creativity as they build or create props for their play schemes, such as when the jungle gym becomes a space station, or the wrapping paper tube transforms into a light saber or fire hose.

As children play together, the play experience becomes rich in language. Children begin to express their desires, needs, and interests. They negotiate their roles and communicate as that imitated person or character. This play encourages social skill development. In addition, dramatic play helps children to develop their self-esteem. As the "doctor," a child heals the sick man. As the "knight," a child rescues the princess or defeats the dragon. As the "mother," a child takes care of her "baby." This type of play offers the child opportunities to experiment with a variety of life roles and to experience success.

As boys and girls enter the elementary school years, they begin playing games with rules. Together with a sibling or friend, they may play a known game or create a new game. They learn to be flexible in negotiating, to relate to others, and to win and lose gracefully. Some children will begin to show genuine leadership characteristics as they listen to others, help prioritize and make decisions, and encourage agreement among the other boys and girls. Children begin to solve problems when others' ideas do not match their own or when conflicts arise.

At Little League practice, the coach decides who plays when and where and mediates any disagreements. What happens when the children are left to play on their own? The children have to communicate their feelings to one another, think things through, make suggestions for alleviating the disagreement, come to a mutual decision, and finally work together to find a solution. What an important life skill! Unstructured play gives children numerous opportunities to learn how to resolve conflicts as they arise. Through trial and error, children learn how to play together successfully.

Making time to play

Many factors in our society interfere with a child's opportunity for instrumental play. As previously mentioned, many children either have no time for such play or spend much of their free time with television or video games. Still others may lack the physical or emotional well-being or freedom to play. Some are limited in their interaction with other children due to smaller family size or the geographical isolation of their home. Some children are not able to go out to play with friends because their neighborhoods are not safe.

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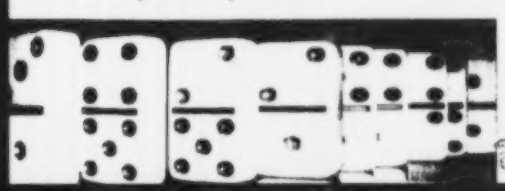
The value of play is endorsed by child development experts, the National PTA, the American Occupational Therapy Association, the National Network for Child Care, and the American Speech-Language-Hearing Association. Play is important for developing the characteristics that are so important for a balanced and successful life for children, now and in their future. What can we adults do to aid in this development?

Encourage and value play as an important part of a child's life.

- **Make time for unstructured play, even if it means sacrificing involvement in worthwhile activities.**
- **Limit TV and video game time.**
- **Play with the child to emphasize that play is valued.**
- **Allow children to solve problems on their own, providing supervision without direct solutions to conflicts.**
- **Role-model appropriate interactions as necessary.**
- **Make suggestions for play ideas or tools based on a child's interest.**
- **Provide materials and toys that promote creative play more than task-specific play.**
- **Encourage a wide variety of play, incorporating realistic, dramatic, and imaginary elements.**
- **Act out stories in theaters or with puppets.**
- **Role-play successful responses and conflict resolution.**
- **Discuss with other families and caregivers the importance of play and ways to encourage play.**

Finally, and perhaps most importantly, play is fun. Just as adults need a balance of work and leisure for a healthier and less stressful lifestyle, children need time and opportunities for unstructured play to balance the demands of school and extracurricular activities. Let's all take time to play!

Joyce Mastrilli is an occupational therapist with 23 years of experience in pediatrics. She currently works with children in the Oxford School District in Chester County, Pennsylvania.



The relationship factor:

When special needs challenge a household

by Cindy N. Ariel, Ph.D., and Robert A. Naseef, Ph.D.

Becoming a parent for the first time changes a person's identity forever. It requires a balancing act between caring for the needs of the child and putting time and effort into personal and interpersonal maintenance and growth. Often, a person must redefine his values and relationships with others when he becomes a parent. This transition into the development of family life is challenged even further if the child has a disability or chronic illness.

Parents dream of having a healthy child. When a child is born with a disability, parents face a life very different from what they imagined. Overwhelming feelings, both individually and combined, are normal and natural in the situation, but very difficult nonetheless. The needs of the child are often complex and elusive. Searching to find the cause of children's developmental problems and the best treatment can be a long, hard journey. Wrapped up in the stresses and strains of everyday life, relationships inevitably suffer from lack of attention. Communication problems, lack of time and energy for personal, marital, and family activities, and social isolation affect many families. When a disability or chronic illness is discovered, powerful emotions surface and may put relationships on trial.

The kind of chronic stress that raising a child with special needs causes can affect relationships at their weak points. This is just as true for families who have "volunteered" by adopting children with special needs or providing a foster home as it is for families whose biological child has a disability. According to the U.S. Census Bureau (2000), 47% of first marriages fail and 57% of all marriages end in divorce. Although the findings are inconsistent, there is general consensus among experts that while the divorce rates are comparable, there appears to be more reported marital distress among families of children with special needs (Seligman and Darling, Ordinary Families, Special Children, 1997).

For a relationship that is fragile or unstable, having a child with a disability can be "the last straw." On the other hand, challenging life events can serve as catalysts for change. Some families disintegrate in these situations, while others thrive despite their hardships. People can emerge from crisis revitalized and enriched. Hope for relationships truly can spring from the crises people experience when their child has a disability.

There are steps that parents of a child with special needs can follow to strengthen their relationship:

Work to understand each other's needs. Family life can be a test of love and resilience, so working to understand each other's wants and needs is vital to the success and survival of an intimate relationship. Life has veered sharply from what you had expected it to be. Try not to blame each other for the situation. Be kind to yourself and to each other.

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Spend time alone together. While the issues in any particular relationship are complex, it's a good start to plan time together, even if only for a few hours. In study after study, people who report their marriages to be satisfying describe their spouses as their best friends, and people who are best friends have activities that they enjoy together. A close bond between partners can help parents through the rough spots. You can start by sharing a cup of coffee or tea, dinner out, or a movie or concert.

Take care of yourself. Your child has conditions that may require lots of care and supervision. In the struggle to advocate for your child's needs, your own needs as an individual get lost. Many people stop focusing on their marriage, but this never helps. As hard as it may sound at first, start to think about taking care of yourself and adding some fun and enjoyment into your life even though it can take a long time for this to feel OK. Take some time for yourself, allowing yourself to do things you enjoy. This can be anything from physical exercise or journaling to just grabbing time to read the newspaper or a good book.

Reach out. When possible, share the responsibilities at home by working together on chores, child-care, and education. It is helpful when couples both work to learn about their child's disability, prepare for and attend IEP meetings, and other parental responsibilities. Get involved in the special needs community if you can. There's so much to manage every day that reaching out to your partner, relatives, or friends can help lessen the burden.

Communicate. When a person is in pain, he or she may withdraw or become frustrated and angry. It's hard to talk about something we have no power to change or fix. At times the reactions of couples can become polarized or opposite. For example, one may notice problems in the child and tend to worry and feel negative, while the other holds hope and optimism that in time everything will be fine. Try to consider all of your feelings toward your child – both positive and negative – and discuss issues in ways that will help both of you feel understood and find solutions to problems. In general, this requires working through the painful feelings with one's partner and arriving at some form of joint acceptance and effective co-parenting strategies.

Seek assistance. Sometimes a mental health professional (a social worker, psychologist, or psychiatrist) can be helpful to you in understanding the needs of the children, yourself, and your marriage. Some people are reluctant to take this step, but when it becomes hard to function from day to day, this kind of help may be in order. Just as you would consult more than one specialist for your child if necessary, do likewise for yourself. If your partner is too discouraged, then start by yourself. Sometimes a change in one partner changes the chemistry of the situation for the better. It is intelligent and wise to acknowledge the needs of yourself and your marriage over time as well as your child's needs. Your special family is worth it!

Helpful suggestions for parents of children with special needs

In spite of grim statistics and feelings of being overwhelmed, having a disability in the family truly can have a positive impact. Here are some suggestions to offer comfort and direction for couples or singles who are parenting a child with special needs:

1. Communication is key, so:
   - Resist the tendency to blame.
   - Ask for what you need from others; also, take special note of your partner's needs.
   - Listen to each other actively and with compassion; tell your partner what he or she is doing right.

2. Add some fun and enjoyment to your life – alone and with your partner. If you worry too much about leaving your child with someone else, take your beeper or cell phone with you when you go out.

3. It helps to be active in the community as a whole and in the special education community in particular.

4. Exercise. Almost any form of exercise will lift your sagging spirits if you regularly do something you enjoy.

5. Journaling – writing down thoughts and feelings and experiences helps many people put things into perspective.

6. Seek out support groups. It is often helpful to share experiences, thoughts, and feelings with others who are "in the same boat" and can understand.

7. Break down problems into more manageable pieces.

8. Remember that you and your partner are both on the same parenting team. You are not competing with or fighting against each other.

9. Seek professional guidance when necessary. It is not a sign of weakness to ask for help when you need it; on the contrary, it is wise to think of your needs as well as those of your children.

10. Keep in mind that a hard life can still be a good life!

Cindy N. Ariel, Ph.D. and Robert A. Naseef, Ph.D., are psychologists who specialize in helping couples cope with special needs in their family (www.specialfamilies.com). Naseef is the author of the highly acclaimed book, Special Children, Challenged Parents: The Struggles and Rewards of Raising a Child with a Disability.

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"Proactive Parenting"

A unique approach to discipline

by Lynne Reeves Griffin, RN, M.Ed.

This positive and practical approach to parenting is effective with children of all ages. It has been shared with thousands of parents, teachers, and health professionals through workshops and seminars, published articles, an award-winning Web site, and individual consultations.

Five-year-old Serena frequently "melts down" when things don't go her way. Recently, when her mother said it was time to leave a play date, Serena threw herself down on the floor and started to cry. When Serena's mother came to a "Proactive Parenting" session, she expressed how tired she was: "I feel like I am on an emotional roller coaster. Serena can't accept any situation where she is not in control. Will parenting Serena always be so hard for me?"

Effective parenting will always take time, but it does not have to be as hard as it is for Serena's mother. Proactive Parenting is a unique approach to parenting that offers hope. This approach teaches parents how to anticipate situations in which their child may have difficulty and guides parents in planning strategies based on their child's developmental age and specific temperament.

Serena's mother is not alone in feeling challenged by her daughter's temperament. Many parents face the formidable task of parenting a challenging child. Proactive Parenting offers strategies that are effective, whether the child is a toddler or a teenager. This approach is based on a framework of mutual respect between parent and child; it is both developmental and behavioral. Proactive Parenting is a teaching/learning model aimed at creating harmony in the family. Parents who once complained that they were in constant conflict with their child now say that by using proactive strategies and a planned approach to solving conflict, their home is more harmonious and relationships with their children are more enjoyable.

A child who appears resistant to typical parenting strategies can learn to accept limits when the situations she finds difficult are anticipated. By recognizing how Serena usually behaves in stressful situations, her mother can plan ahead. The Proactive Parenting approach is predictable, sensible, developmentally sound, and based on each child's individual temperament. Serena's mother is learning how to incorporate age-appropriate expectations into her parenting. Proactive Parenting is helping her understand how Serena's temperament will affect the discipline choices she makes.

Three types of discipline

Proactive Parenting combines three types of discipline: proactive, conflict, and societal. It is comprehensive: It outlines all of these aspects of discipline and gives parents the skills they need to take an active role in parenting.

Proactive discipline teaches a child values and responsibility. It instills a sense of cooperation, self-control, and good decision-making. This is the discipline that takes place most often. Proactive discipline happens constantly. It is both active and passive; it is what a child learns just by being with his parent. By watching and talking to his parent in times of peace, the child will learn what is expected of him. In proactive discipline, the parent defines the family rules regarding safety and respect. For example, a responsible parent would never let her 2-year-old run free in a busy parking lot. This rule is non-negotiable – it must always be followed. In proactive discipline, the parent openly and calmly communicates these rules.

Conflict discipline teaches a child to accept limits and act in acceptable ways. It is the discipline that takes place during conflict situations. How a parent handles the 2-year-old who doesn't want to hold Daddy's hand in the parking lot is an example of conflict discipline. When a parent and child have a power struggle over bedtime or an argument over homework, the child learns what behavior is acceptable. How a parent sets limits and, more importantly, how he follows through on the limits that have been established make up conflict discipline. A child will learn what is expected of her and how to make decisions differently next time, based on how each conflict is managed.

Societal discipline teaches the child about societal influences. The parent actively teaches his child how others can affect her behavior, and he gives his child the skills she needs to make the right decisions in complex situations. Today, children need more than just firm limits; children need the skills to accept the limits parents set and then to use good judgment in real life situations. While a parent might agree that this is a critical aspect of discipline, he may not know specific, effective ways to help his child resist negative societal influences. Proactive Parenting offers practical ways to teach children the skills they need to accept limits and still "fit in" with their friends. Parents are their children's first and best teachers, and their influence on their children is still the strongest.

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The **ASK** yourself strategy

ASK yourself is a reflective strategy used in Proactive Parenting. The ASK yourself strategy is an information-gathering tool that encourages individualized parenting. The strategy is effective for creating a proactive plan for teaching cooperation, responsibility, and family values, as well as a plan for resolving conflict and factoring in societal influences. ASK yourself gives you the information you need to make proactive parenting successful. This strategy is used when thinking about a specific behavior and how to positively influence it. The ASK yourself strategy walks you through the steps necessary to apply Proactive Parenting to any situation.

The situation with Serena and her mother can be used to illustrate how to apply the concepts of Proactive Parenting. Serena's mother wants her daughter to learn how to exercise more self-control. She will begin by using the ASK yourself strategy. Once she has gathered the information necessary to put the situation in perspective, she will be able to develop a proactive parenting plan. Serena's mother needs to consider the following:

Age and development of the child

Is Serena old enough to understand that her lack of self-control is a problem? Can she understand that losing control is unacceptable? Can one expect a child of this age to think before acting? Is Serena old enough to make the choice to use certain skills rather than impulsive, out-of-control actions? The answer to all these questions is yes. Serena can exercise more self-control, but she needs her mother to actively teach her the way to stay in control.

Situation

Is the situation optimal for eliciting cooperation, encouraging responsibility, and accepting limits? What situations seem to challenge Serena's ability to stay in control? Does Serena need some age-appropriate things to be in control of so that her need for independence is fulfilled? Imagine how Serena might behave if the situations in which she struggles were anticipated. Reflect on situations in which Serena may have some degree of control.

Know the child

Given Serena's temperament and the situation, are her mother's expectations appropriate? Is Serena a persistent child? Does she need to be in charge of what happens around her? Everything Serena's mother knows about her daughter's temperament will influence the proactive plan for this situation.

Parents who once complained that they were in constant conflict with their child now say that by using proactive strategies and a planned approach to solving conflict, their home is more harmonious and relationships with their children are more enjoyable.

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Proactive Plan

Now that the necessary information has been gathered to put the situation in perspective, Serena's mother can develop a plan that includes proactive, conflict, and societal strategies.

Proactive strategies

Serena's understanding of self-control hinges on her mother making it tangible. Here are some proactive strategies Serena's mother should use in times of peace with her daughter:

- Teach Serena what "out of control" looks like. This can be done over breakfast or when playing together. It should be a teaching time – not a lecturing time – and it should happen when she is in control.
- Teach her what "in control" looks like. Again, this should be done when everyone is under control. Serena will not be able to recreate being "in control" if she doesn't recognize what it looks and feels like.
- Talk to her about situations in which using her self-control skills will be important. Share with Serena the "can do's," not just the "can't do's." Serena's mother might be telling her what shouldn't be done in a stressful situation, but is she telling her what should be done?
- Give her some alternatives to losing control: "When you get mad, close your eyes and count to 10. Sit on your hands until you think you can talk to an adult about your feelings. Take a deep breath." These are just a few of the concrete suggestions that could be made.
- Be patient. Learning self-control is a process. Attempts at self-control should be noticed and praised.

Conflict strategies

These are the strategies to use in situations where Serena loses control of her behavior.

- Be the authority Serena needs. Be prepared to step in. Although expectations have been shared with Serena, it should be expected that she will still lose control. Remember, she is just beginning to learn self-control.
- Be direct and specific about what she's expected to do. Attaching a consequence to the behavior may be necessary, such as removing her from the other children or leaving the play date.
- Be sure to make an impact. Remember, in conflict an impact is made through action – not through talking, threatening, or nagging. If an impact is not made, the right learning won't take place.
- Remain calm. Remember, Serena is just a child who needs to learn the right skill for the right situation. These skills don't come naturally to her. She needs help to learn better ways of getting what she needs.

Societal strategies

These strategies are aimed at minimizing negative influences and building the skills to resist negative behavior. Parents can apply these strategies to the "Serena" in their lives.

- Look at the influences in Serena's life. Is she playing with children who are a good deal younger or older than she is? Is there a new baby in the family? Is her mother or father out of the home more than usual? What happens in a child's life will affect her ability to have self-control.
- Modify or limit the influences. Whenever possible, take charge of those that contribute to the problem. The fact that you have a new baby won't change, but it is possible to give Serena more one-on-one time. Serena shouldn't be forbidden to play with younger or older children, but balance it by arranging for her to play with same-age peers.
- Help Serena develop the skills she needs to get along with other children. The behavior she is presently exhibiting will ultimately affect friendships. Role-play how to have self-control in challenging situations. Let her practice making new choices in situations that are typically challenging for her.
- Recognize and be active in your role of helping Serena to develop the skills she will need to "fit in" with other children.

The goal of Proactive Parenting is for the parents to spend time with their children and actively teach the skills their kids need to get along more easily in the world. Of course, it may take time initially, but with practice these techniques will become second nature.

For more information about the approach or to schedule a workshop or seminar, please contact:
Proactive Parenting
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Lynne Reeves Griffin, RN, M.Ed., of Proactive Parenting in Scituate, Massachusetts, is a writer, lecturer, and consultant to parents, teachers, and health care professionals regarding child development, behavior management, and issues affecting today's parents.

Strengthening the safety net

Accountability and competition in the nonprofit world

by Lynn Taylor

My gas bill has me thinking about change and its benefits. This month, my bill had a different company logo on it than it did last month. I read the notice inside and discovered that my provider had merged with another energy company. I was surprised to see this change, but I know it will result in better, more reliable service and a wider range of customer options. The marketplace for natural gas in my region of Colorado has become more accountable and more competitive in order to deliver better service. It looks as if my gas bill – and my monthly budget – might get a little much-needed intervention. Change is inevitable. Change is often for the better.

It's time for nonprofits to take measure of this lesson in accountability and competition. Nonprofits are the support system, the comfort zone, the very last stop on the intervention train for those who wield no political power, those who have no voice, and often, those too young to have a choice.

As a development professional, I often find myself urging non-profits to adopt policies and procedures from the corporate for-profit sector, simply because the corporate world has always thrived on a competitive business model tested in the fires of shareholder accountability. Even in the midst of current accounting scandals, shareholder accountability is rising – fueled by shareholder anger – and will be far more forceful in the future, its power derived from the difficult lessons of the past year. The forces of accountability and competition will pull things back into line.

Accountability and competition are two areas in which nonprofits typically have had little involvement. As a group, as a sector, nonprofits have never truly had to account for themselves as a member of the broader marketplace, and yet nonprofits have proliferated far and wide, with more than 1.25 million operating in the United States today.

nonprofits must pool resources, leverage combined experience, identify the spectrum of needs, and combine strategically in coordinated, blended, and revitalized alliances to meet identified needs

Accountability, competition, and the "safety net"

While the size and scope of the nonprofit sector are somewhat invisible, tucked away within the databases of the gross national product and other national economic statistics, Independent Sector (an organization that researches and analyzes trends in giving and volunteering) estimates that as of 1996, nonprofit organizations employed 7 percent of the nation's work force and controlled more than $500 billion in revenue. Yet grassroots organizations have never had to account for or justify their position in the marketplace the way, for example, Pepsi justifies its existence as measured by market share against Coca-Cola.

Similarly, competition in the nonprofit sector has been actively shunned. Rather, collaboration has been the rallying cry of the grassroots community, the little program in your neighborhood where the secretary is not sure she'll have a job next year, where the program director prays for refunding, and the development officer works nights and weekends to make the dollars flow. Nonprofits are the skeletal structure that reflects the social and human condition, and its collaborative partnerships are the bone and muscle that knit together the "safety net" that is the only true intervention.

We hear a lot about this all-important "safety net," particularly during election years. Voters are presented with the usual speeches about the state of education, the need to provide greater resources to youth, and promises to do better by American families and their children, while we're reminded about the kids that "slip through the safety net" or "fall through the cracks." Yet the help never seems to materialize, although all agree these slipping and falling youth are far too many in number.

The impetus for real change, though, came from New York, Washington, and a field in western Pennsylvania on September 11, 2001. The magnitude of the loss intrinsically changed the paradigm of American life. A generous society suddenly rendered helpless translated its fear, anger, and anxiety into hundreds of millions of dollars in gifts to victims and service personnel in the stricken areas. Nonprofits were deeply affected when expected monetary donations were directed elsewhere.

Many corporations and foundations in my home state of Colorado gave, as did so many others across the country. In combination with the decline of the stock market and the hit that ambitious portfolios (both institutional and private) absorbed, grant making is down, the competitiveness of the proposal process is up, and nonprofits are scrambling to meet budgetary requirements and keep programs on the ground.

The good news is, there is strength in our numbers. The bad news is, our numbers are too big – more than a million nonprofits are too many in this climate. It's time to draw another lesson from the business world: Competition is good. Accountability is good.

Effective intervention

Nonprofits must now embrace the idea of change across systems, change that may involve mergers, complementary alliances, and aggressive marketing and development cooperatives. Nonprofits that have not yet seriously embraced the road to financial independence must do so now. To provide true intervention, to strengthen the safety net, nonprofits must pool resources, leverage combined experience, identify the spectrum of needs, and combine strategically in coordinated, blended, and revitalized alliances to meet identified needs.

Service must become the ultimate driving force of the entire collaborative; the vision can no longer be service as each of the several groups has perceived it. Competition and accountability for our sector, and the rewards they bring, will be won through strategic alliances and functional multipurpose collaboratives, not just partnerships built on referrals.

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Effective intervention now requires defining a proactive coalition that includes all community stakeholders united under one banner (be it a program name or an agency name) to solve complex problems identified within that community. This doesn't necessarily mean avoiding duplication of services, but rather meshing complementary services, both geographically and financially, by blending staffs and executive suites in order to provide lean, efficient, and definitive services to a shared population.

It is vertical integration, rather than horizontal expansion, that is needed; more bang for the buck, as the corporate world would say. Regardless of how it is achieved, nonprofits must account for themselves and provide the highest degree of efficiency in service to the greatest number of people possible. The blanket of community support services – and the dollars that provide it – must now stretch farther than ever.

A program that costs $150,000 and serves 35 high-risk youth no longer cuts it. Having two complementary programs – say, an after school tutoring, life skills, and computer lab program and an after school mentoring and recreation program – 30 miles apart as referring partners makes no sense. Having a shelter to feed the homeless located six miles from a program that addresses the underlying issues that lead to homelessness is not a recipe for success in this funding climate. More importantly, it may not be the best way to deliver services to the homeless.

Tips for forming a fruitful alliance for meaningful intervention:

Accept the premise of change. Change is already occurring. Nonprofits that fail to embrace change and the challenges it brings are dancing with failure.

Take a leadership role. Extend an invitation to the nonprofits in your area for a brainstorming session. The goal is to identify complementary programming that can be combined into one place, one program, or even one agency.

Gather community stakeholders. Include schools, law enforcement, court personnel, corporate leaders, your community foundation, youth, parents and other representatives of your alliance's target populations, community leaders, and communities of faith.

Set aside each individual group's mission and develop a new mission for the alliance. This is harder than it sounds. Take the time to research, discuss, stretch, and pull the alliance mission until every group member is passionate about it. This process can be lengthy, but it is critical to success.

Sketch out programming areas. Take all those great programs from individual groups, mix them together, add new and bold ideas, and create!

Test programming ideas with focus groups from the targeted populations. Use their input. Without community buy-in, or validation from the ones you choose to serve, even the grandest best-practice program will fail.

Select a palette of the best-liked programs and design them. Use practical, measurable goals and objectives, and use validated instruments wherever possible to measure outcomes. Define the logistics. In what part of town will you be located? Will you provide transportation to one site, or satellite programs in storefront locations or donated spaces? Will you pool resources and mount a capital campaign to lease or purchase one building for all? Are you creating a new program or agency or just a new service complex, combining several agencies?

Decide who does what. This means everything, from buying office supplies to acquiring coffee cups to determining who takes out the trash. Develop a matrix of qualifications for each job description to find the best fit with existing and/or new employees. Gather research on nonprofit compensation ranges in your area for each of the positions, and determine salaries.

Get competitive with a professional marketing plan. Professionally designed tools capture more program participants and more public relations presence than in-house publications ever will. Professional materials pay for themselves many times over by soliciting more planned gifts, major gifts, donors, and volunteers than newsletters or flyers printed up by well-meaning staff or volunteers. Put some resources behind your marketing plan. It takes money to make money. Build presence, generate gifts, and provide for long-term financial stability.

Go! Unleash your staff, programs, and marketing with gusto.

Measure outcomes. Keep tabs on progress throughout your first program cycle and evaluate.

Tinker! If your alliance didn't get the anticipated outcomes, tinker with the process.

This is good?

Even beneficial change can be stressful and disruptive. When stress bears down, remind yourself and your teammates to frame your new course of action as a challenge. Inspire your staff by sprinkling your project with fun and incentives for various accomplishments. You might give away concert tickets for the first person to locate three suitable offices for rent, or you may provide a paid day off for all staff willing to give up a Saturday to paint the new facility. Coalition meetings and brainstorming sessions might feature modest gifts or prizes for the holders of random numbers written on the bottom of coffee cups or under the seats of chairs.

Most of all, remember that you can choose the extent to which your agency participates in coalition-building for meaningful intervention. You may choose to merge with another similar agency, or you may choose to share just one stream of programming. Both choices come with a certain amount of sacrifice, but the rewards generated are often huge. Being part of a group that serves 3,300 high-risk kids instead of 300 is a great feeling. Raising the graduation rate in your community by 15 percent makes a difference that resonates deeply, not only with the youth served, but also by producing economic gain for the community and decreasing the demand on social services and law enforcement agencies.

Yes, change can be good. It's all about intervention.

Lynn Taylor is a Research and Development Specialist for Intervention Inc., a Colorado nonprofit organization working with offenders, victims, and at-risk youth. A member of the Association of Fundraising Professionals and the Colorado Planned Giving Roundtable, Lynn has served the field for six years, raising slightly more than $32 million. Before turning to the nonprofit sector, Lynn spent four years in corporate acquisition and marketing and still consults with nonprofits regarding professional marketing strategies and tools. Lynn can be reached at 303.450.6000 or via e-mail at musicman59@hotmail.com.

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K.A.R.E.

KidsPeace's suicide prevention program

by Signe Whitson, LSW, ACSW

Have you lost someone to suicide? Do you know someone who has?

I ask these two questions each time I teach a suicide prevention class. I never have less than an 85 percent affirmative response rate among our employee participants. And I raise my hand right along with our staff. Given the rate of suicide in the United States, almost every one of us has been close to someone who has died in this lonely and isolated way. While statistics may seem like faceless numbers to some, for those who spend time with youth in crisis, the faces and the pained lives are all too real. For most of KidsPeace's nearly 2,000 employees, each day's work brings face-to-face contact with children and adolescents who are touched by suicide as survivors and/or as high-risk clients. A few more of the staggering statistics that call KidsPeace staff to action (statistics provided by the American Foundation for Suicide Prevention at www.afsp.org and Pallotta TeamWorks at www.pallottateamworks.com):

- ***Suicide is the third leading cause of death among 15- to 24-year-olds and the sixth leading cause of death among 5- to 14-year-olds.***
- ***Adolescent males commit suicide more often than adolescent females by a ratio of 4:1.***
- ***From 1980-1996, the rate of suicide among persons aged 15 to 19 years increased by 14 percent and among persons aged 10 to 14 by 100 percent.***
- ***The suicide rate for white males ages 15 to 24 has tripled since 1950, while for white females of the same ages, it has more than doubled.***
- ***From 1980-1996, the suicide rate for African-American males ages 15 to 19 increased 105 percent.***
- ***In 1999, 20 percent of American high school students reported having seriously considered or attempted suicide during the previous 12 months.***
- ***Every year, half a million Americans are treated in emergency rooms after attempting suicide. Sadly, many experts believe that suicide statistics are much worse than reported. They say that a lot of suicides are categorized as accidents or other false reasons to spare the families.***

The SafeKids Initiative

At KidsPeace, we believe it is important to talk about suicide! As a provider of behavioral health care for children and adolescents, we know it is our responsibility to ensure the safety of all those entrusted to our care. To meet the growing needs of our kids, we have rolled out

the SafeKids Initiative, an enhancement of our current suicide prevention curriculum that was developed through the collaboration of an interdisciplinary team of professionals from across the organization. The SafeKids Initiative is a multifaceted approach to the prevention and management of suicide risk and suicidal behavior. Among its features are a redesigned and comprehensive policy statement, specific safety protocols and procedures for crisis prevention and response, uniform assessment tools for all master's-level clinicians, client education, and a staff training system that teaches all KidsPeace employees across the United States.

KidsPeace KAREs

The foundation of the comprehensive staff training system is the KidsPeace Philosophy of KARE. The KARE model is based on the following four simple-to-recall — and critical-to-know — responsibilities of all staff:

K – Know the signs and symptoms of suicide

A – Ask questions concerning suicidality

R – Restrict access to available means of self-harm

E – Ensure follow-up by a mental health professional

Through orientation training for new staff, yearly in-service refresher training for tenured employees, and a full-day advanced course for all master's-level mental health professionals, KARE helps establish an organizationally consistent response and intervention system for clients at risk for suicidal behavior. Suicide prevention training has been mandatory for direct-care staff for several years, and is now required annually for non-direct-care staff. KARE training is overseen by the Clinical Practice Division of the KidsPeace Institute™ and led by professional instructors from both KidsPeace's Organizational Development and Training Department and qualified trainers from KidsPeace programs.

Know the signs and symptoms of suicide

Through a step-by-step approach, employees are first taught to recognize the most common signs and symptoms of suicide. Each training session takes a factual approach, driven by employee observations, experience, and input. Facilitated small and large group discussions allow participants to identify the many different motives, risk indicators, and warning signs for suicide. All the while, an emphasis is placed on developing empathy for the pain that underlies each of these symptoms and signs.

For most of KidsPeace's nearly 2,000 employees, each day's work brings face-to-face contact with children and adolescents who are touched by suicide as survivors and/or as high-risk clients.

Ask questions concerning suicidality

The second element of the KARE philosophy emphasizes the need for caring adults to speak openly about suicide whenever motives, risk indicators, and/or warning signs are recognized. Asking direct questions concerning suicidality and a young person's state of mind is a way to express genuine concern, let a client know that he or she does not have to suffer in isolation, and encourage an at-risk child to talk openly about his or her thoughts and feelings. KARE considers the skill of listening to a child's responses as important as the skill of asking questions directly and honestly.

Restrict access to available means of self-harm

Thirdly, restricting access to available means of self-harm implies that adults must know how to maintain a safe environment for children and adolescents. Each KidsPeace staff member accepts responsibility for remaining vigilant about client safety. Likewise, all staff are trained to know and utilize specific crisis response and safety protocols.

Ensure follow-up by a mental health professional

Lastly, the importance of communication is emphasized during training. All staff are trained to know the proper methods of ensuring follow-up by designated members of KidsPeace's clinical staff. As soon as possible after observing any of the signs or symptoms of suicide in clients, staff must communicate this information to a mental health professional. Critical assessments and decisions about level of care can then be made in a timely manner.

Preventing suicide

As the National Center for Kids Overcoming Crisis, KidsPeace is dedicated to the well-being of its clients. The identification of suicidal risk and prevention of self-destructive behavior is of the utmost importance to all of our employees. For more information on KidsPeace's SafeKids Initiative, the teachings of the KARE philosophy, or other training opportunities, please contact the KidsPeace Institute at 610.799.7170 or visit www.kidspeace.org.

Signe Whitson, LSW, ACSW, has been a KidsPeace social worker for five years and now serves the KidsPeace Institute as Manager of Organizational Development and Clinical Training.

Eight keys to hope

By Naomi Drew, MA

In today's uncertain international climate, it's easy for anyone to start losing hope. But now, more than ever, holding on to hope is essential. We each have within us the capacity to cultivate an optimistic outlook in our own lives and in the lives of our children. Here are eight simple ways to keep you moving forward on your road to hope.

1. Be kind to you. Think about the little things you need most, and then treat yourself. Is it a cup of tea, a brisk walk, quiet music, a little rest, inspirational literature? Whatever it is, do it, even for just a few minutes, whether you're at home or at work. These small moments accumulate and can transform the texture of your day.

2. Begin a ritual with five minutes of silence every day. Light a candle and pray, meditate, or simply reflect. This quiet time can be extremely nurturing and healing.

3. Curtail your intake of the news. Oversaturation with news right now can be detrimental to your emotional health. If you read the newspaper in the morning, let that be enough. You don't need to turn on the television or radio too, especially before bed. Anything you miss tonight will be there in the morning. Also limit the amount of news you allow your children to watch or hear.

4. Treat each day as a precious gift. Look for things and people to appreciate. Live each day as if it were the last day of your life. Let go of petty annoyances and shift your gaze to appreciation.

5. At various times throughout the day, take 30-second breaks to look at the sky, breathe deeply, and be grateful. The sun still rises in the sky each morning, and you're alive to experience it! Think of others around the world as you look at the sky, and know that we all share this planet together.

6. Express love tangibly. Be generous with hugs, words, notes, acts of kindness. If you like how someone has treated you, thank him or her. Leave your family members small notes of gratitude and appreciation. These acts not only add warmth and positive energy to our lives and to the lives of people around us, but each loving act also provides comfort to both the giver and the receiver.

7. Say to yourself: "I am the key to peace." Peace starts in you. It is critical that you create peace in the small and large moments of your life. Live peace in your words and actions rather than giving in to fear, hatred, or resignation.

8. Make a difference. Reach out beyond your normal scope. Each time you make a difference in the lives of others, you create hope in yourself. By reaching out to those in need, you add a little peace and hope to the world. Accumulated gestures of care and compassion can transform your life and the lives of others.

Naomi Drew is recognized around the world as an expert on conflict resolution and peacemaking in schools and homes. Her work has been featured by magazines, newspapers, radio, and television. Currently, Drew serves as a parenting expert for "Classroom Close-ups," a public television show. She is also the author of four books, serves as a consultant to school districts, leads seminars, and runs parenting courses. Her latest book is Hope and Healing: Peaceful Parenting in an Uncertain World *(Citadel Press, 2002). Visit Drew at www.learningpeace.com.*

Psychiatrists wanted

The KidsPeace Seneca Wood Campus's Residential Treatment Center, located in the heart of the New York finger lakes region, seeks psychiatrists to work with emotionally and behaviorally challenged adolescents. Situated in Romulus, surrounded by New York's finest vineyards, Seneca Wood is in proximity to outlet shopping, several national parks, and numerous community events on the lakes. The region boasts dozens of historical landmarks, 200-year-old canals, and museums of the women's civil rights movement.

The psychiatrists at Seneca Wood work alongside a variety of social and behavioral specialists in a creative, multi-disciplinary team. Applicants must be BC/BE, and a background working with children and adolescents is preferred. Send CV to KidsPeace, ATTN: HR Manager, 4900 McGrane Road, Romulus, NY 14541, or fax to 315-585-3089.

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Bringing together the world's greatest minds in children's behavioral & mental health care in order to research and develop solutions to critical challenges facing today's children ...

The Lee Salk Center™

The Lee Salk Center at KidsPeace Institute is KidsPeace's research and development arm. Drawing on KidsPeace's clinical experience with children, the center was founded under the direction of the late, great polio vaccine pioneer Dr. Jonas Salk; Mary Jane Salk; famed children's experts Dr. Alvin Poussaint and Dr. Lewis Lipsitt, who now serve as national directors of the center; and Joseph Vallone, KidsPeace Executive Vice President for Strategic Advancement. The center was named in grateful remembrance of the late Lee Salk, Ph.D., devoted parent, psychologist, author, communicator, and KidsPeace's first National Director of Prevention Services.

To learn more about the Lee Salk Center at KidsPeace Institute, call David Monhollen, Vice President for Compliance, Standards, and Research and Dean of the Lee Salk Center, at 800-25-PEACE ext. 8013, or write to KidsPeace Institute, 5300 KidsPeace Drive, Orefield, PA 18069.

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JCAHO accreditation:

ensuring trustworthy help in time of crisis

by Dean A. Bartholomew

When parents, guardians, social workers, or guidance counselors, under the stress of an emergency, have no choice but to place a special needs child for care, they must quickly and carefully evaluate the quality of help the child will receive from the caregivers available. Like institutions of higher learning, health care providers can be judged by the seal of approval they have earned from an accreditation organization. In the field of health care, the organization providing the most objective independent evaluation of treatment is the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

A brief history

Today's Joint Commission, like many other enduring institutions, was born in the brilliant mind of one passionately concerned person. The original concept of an "end-result system of hospital standardization" was proposed in 1910 by Ernest Codman, M.D. To facilitate this standardization, the American College of Surgeons (ACS) was founded in Chicago in 1913, at the prompting of Franklin Martin, M.D. By 1918, the ACS had begun on-site inspections of hospitals, and later that year, Arthur W. Allen, Chairman of the ACS Board of Regents, initiated what would become the Joint Commission on Accreditation of Hospitals (JCAH).

When JCAH was established in 1951, the organization began developing state-of-the-art, professionally based standards: benchmarks that it has continued to use in evaluating the compliance of health care organizations. In 1987, the name of the organization changed to the Joint Commission on Accreditation of Healthcare Organizations, reflecting the expanded, all-inclusive scope of its activities.

Standards and performance measurement

The Joint Commission evaluates and accredits more than 17,000 health care organizations and programs in the United States. An independent, not-for-profit organization, JCAHO is the nation's premier and predominant standards-setting and accrediting body in health care.

JCAHO's standards address each organization's level of performance in such key functional areas as patient rights, patient treatment, and infection control; the standards focus not only on what the organization has, but what it does. Standards set forth performance expectations for activities that affect the safety and quality of patient care. JCAHO develops its standards in consultation with health care experts, providers, measurement experts, purchasers, and consumers.

Behavioral health care accreditation

Joint Commission accreditation is also the most recognized seal of approval for behavioral health care providers. Accreditation helps behavioral health care organizations improve their performance, raise their level of care to clients, demonstrate their accountability, and increase their participation in managed care and other contracted arrangements.

JCAHO currently accredits 1,643 behavioral health care providers. All accreditation surveys are conducted by highly experienced behavioral health care professionals, including psychologists, psychiatrists, social workers, nurses, and mental health administrators.

A recent KidsPeace evaluation

The Joint Commission recently completed a scheduled accreditation survey of KidsPeace and the results were excellent. KidsPeace received accreditation for another three years and the organization's grid score was 95 (out of 100), well above the current 84-average grid score of all behavioral health care organizations.

According to Mary Cesare-Murphy, Ph.D., Senior Executive Director of the Joint Commission's Behavioral Health Care Program, "In becoming accredited, KidsPeace was evaluated against a set of national standards by a Joint Commission team of surveyors experienced in the delivery of behavioral health care services," Cesare-Murphy says. "Achieving accreditation demonstrates KidsPeace's commitment to providing high quality care."

David Monhollen, KidsPeace Vice President for Compliance Standards and Research, states that the survey results prove the impressive quality of the programs and staff at KidsPeace. He equates JCAHO accreditation to the UL Safety Tag from Underwriters Laboratories, in that it signifies quality and safety for the public. Monhollen states that accreditation by the Joint Commission with such a high score assures families they are getting the best in behavioral health care.

KidsPeace President and CEO C.T. O'Donnell II makes this observation: "These excellent results represent a success on the part of our entire staff. They demonstrate the superior teamwork in action at KidsPeace. It is important to note that our work preparing for and undergoing the accreditation survey translates into high-quality treatment for the kids about whom we care so much."

As a result of KidsPeace's excellent and broad scope of services, JCAHO has selected the site as one of two behavioral health organizations to pilot the new survey process that will take effect in 2004. The pilot survey will be conducted by JCAHO in July 2003.

Where to turn

When looking for a "Consumer Reports" evaluation of a behavioral health care organization, concerned inquirers can count on it: A good rating by JCAHO can be trusted as a sound measure of the care dispensed. For more in-depth information and a look at the background and description of the Joint Commission and its Board of Governors, visit www.jcaho.org.

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They call her "Turtle Lady"

(and she's happy when they do)

by Sarah Curran Barrett

With a positive attitude and the PATHS® program, Peggy Harris helps Baltimore's beleaguered students express themselves.

A student recently stopped Peggy Harris as she rushed down the hall of one of Baltimore's elementary schools.

"Hey, Turtle Lady, you have a sad face," the child said, referring to a sad "Feeling Faces" card that was clearly visible in the bag she was carrying. "I was going to try to cheer you up."

Harris doesn't mind her nickname – in fact, she delights in telling this story. "Turtle Lady" comes from the first lesson in the PATHS curriculum, a social-emotional competence program for children in kindergarten through grade six that Harris implemented throughout Baltimore's elementary school system. In the "Turtle Story," students learn about a young turtle who has both interpersonal and academic difficulties because of his impulsiveness. With help from a "wise old turtle," the young turtle learns self-control and how to manage aggression. By stopping Harris in the hall, this child was not only showing empathy – he was also showing that he remembered and understood the first lesson of PATHS.

Developing emotionally to succeed academically

Harris clearly loves her job. As coordinator of the PATHS (Promoting Alternative THinking Strategies) program for the 12 elementary schools in Baltimore, she oversees the social and emotional learning that's transforming children who often start school "emotionally destitute" (Harris's words) and void of respect for themselves, let alone for anyone else.

Her work began three years ago, when a colleague recommended PATHS. Impressed with the program's results – in clinical studies it's been shown to increase students' vocabulary for emotions by 68 percent and to decrease teachers' reports of students exhibiting aggressive behavior by 32 percent – Harris liked the fact that PATHS could be easily integrated into an already over-packed curriculum and, most importantly, that it focused on children's holistic development. "Sometimes we're so concerned with academics," Harris notes, "that we forget that many children come from home environments where the stress level is so high that no one says anything positive."

> ... this child was not only showing empathy – he was also showing that he remembered and understood the first lesson of PATHS.

As research has proven, children need to feel good about themselves and develop social-emotional competence before they can learn and achieve academic success. In his seminal book, *Emotional Intelligence* (Bantam Books, 1995), Daniel Goleman issued a cry for incorporating emotional literacy into school curricula.

"Emotional literacy programs improve children's academic achievement scores and school performance," Goleman wrote. "In a time when too many children lack the capacity to handle their upsets, to listen or focus, to rein in impulse, to feel responsible for their work or care about learning, anything that will buttress these skills will help in their education. In this sense, emotional literacy enhances schools' ability to teach."

Educators listened to Goleman, and slowly but surely, social-emotional learning programs are finding their way into school curricula. While some teachers are at first resistant, they often become the program's biggest cheerleaders once they realize the benefits of PATHS.

(Continued)

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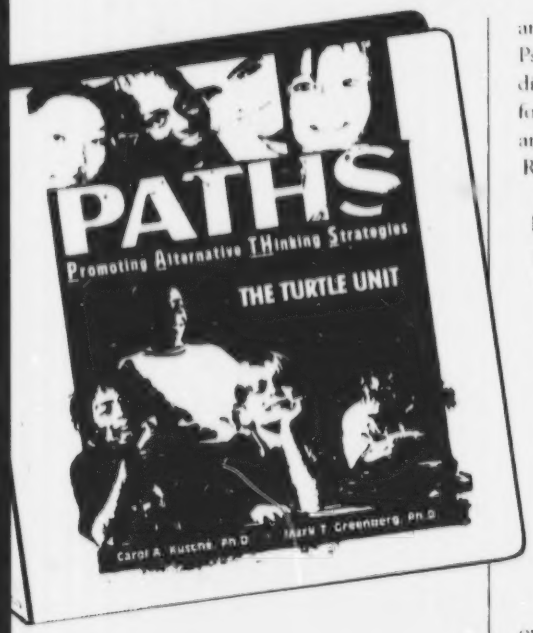

Immediate results

The PATHS program, encompassing more than 100 lessons, facilitates the development of self-control, positive self-esteem, emotional awareness, and interpersonal problem-solving skills. Once students have mastered the "Turtle Technique," a kinesthetic exercise in self-control, a second series of lessons teaches them how to read emotions in others and respond appropriately. Starting with "sad" and "happy," later sessions progress to more complex emotions, such as "guilt" and "frustration." Children use a set of "Feeling Faces" cards (there's one card for each emotion) to link emotions to facial expressions. So, if they're too angry or upset to speak, kids can hold up a card and someone – a teacher or classmate – will respond.

Although Harris knew she was on to a good thing when she decided to implement the PATHS program, she was amazed at how quickly kids responded and opened up. "Right away PATHS allowed kids to express and explore their feelings, and to make connections to others," Harris says. "It allowed them to feel the humanness of their lives."

PATHS was created by Carol Kusché, Ph.D., and Mark Greenberg, Ph.D. Kusché is a clinical associate professor at the University of Washington and a faculty member at the Seattle Psychoanalytic Society and Institute, and the Northwest Center for Psychoanalysis. Greenberg serves as the director of the Prevention Research Center for the Promotion of Human Development and is the Bennett Professor of Prevention Research at Pennsylvania State University.

Kusché and Greenberg are among an elite group of pioneering researchers in prevention science and have been consistently recognized for their achievements in the field. Most recently, Greenberg was honored with the prestigious Society of Prevention Research's 2002 Prevention Science Award.

Recognition for PATHS curriculum

First developed in the early 1980s to help deaf and hearing-impaired children overcome language-deficit barriers to emotional competence, the PATHS program has since been found effective as a violence and bullying prevention program. But the real strength of PATHS is that it benefits all children and is now being implemented in all types of classrooms as well as in clinical settings.

"The most influential aspect of the [PATHS] program involves the lessons that teach kids about feelings," Kusché told *Healing* in 2000. "I think that this knowledge changes the way both children and teachers interact in a very beneficial manner, which includes increasing respect, awareness, understanding, compassion, caring, and so on. The cognitive aspects of PATHS are good, but they are not as novel as the emotional components. When kids use their Feeling Faces, it is important and real to them."

Many federal agencies, which now mandate proven effectiveness for funding, have recognized PATHS as one of the best programs available. Recently named a "Model Program" by the Substance Abuse and Mental Health Services Administration (SAMHSA) and listed by the Centers for Disease Control and Prevention as a "Best Practices Program," PATHS also has been named a "Promising Program" by the U.S. Department of Education and by the U.S. Surgeon General's Report on Youth Violence.

In academic circles, where solid research and proven effectiveness rule, PATHS often makes the "A" list. The Blueprints Project for the Center for the Study and Prevention of Violence named PATHS a "Model Program," and the Collaborative for Academic, Social, and Emotional Learning (CASEL), co-founded by Goleman at Yale and now housed at the University of Illinois at Chicago, recently put PATHS on its "Select Programs" list.

Teaching empathy

Harris measures the effectiveness in elementary-school hallways and classrooms. She will never forget the young boy who pulled out his sad card one day. His teacher, well-versed in PATHS, asked him why. He took out a picture of a baby and said he was sad about his sibling (an infant) who had died. After discussing the emotion of sadness with his very empathetic teacher, he was able to better cope and get through the day.

"I often wonder what he would have done if he hadn't had the chance to explore that emotion," says Harris. "Hurt people often hurt back: 'I'm going to put confusion in your life, because I've got confusion in mine.'"

"Empathy is unfortunately a scarce commodity in our culture," Kusché told *Healing* in 2000, "which is part of the problem with regard to violence in schools and other places." According to Harris, PATHS allows kids to "unload their burdens and talk about their emotions."

"When a child says 'I'm feeling lonely' and a teacher responds, 'There was a time when I felt lonely, too,' that child understands the human condition," Harris notes. "This is why PATHS is so wonderful. This is why PATHS works."

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Photo by Dani Swope

Q&A with Elizabeth Rusch, author of

Generation Fix: *Young Ideas for a Better World*

by Miriam H. DiBiase

Elizabeth Rusch, former managing editor of *Teacher Magazine* and former contributing editor to *Child* magazine, discovered the existence of "Generation Fix" while collecting stories for her monthly column in *Child* called "KidSpeak." In the foreword to her new book, *Generation Fix: Young Ideas for a Better World* (Beyond Words Publishing, Inc., 2002), Rusch states, "I learned that [kids] know and care about the serious problems we face in the world and are trying to make a difference."

Rusch's book, which has been named a *Smithsonian* Magazine "Best Book of the Year" and is an International Reading Association Children's Book Award finalist, details the stories of more than 15 kids whose actions, inventions, and initiative have had a positive impact on the world. The book's purpose is to demonstrate that kids are as capable of effecting change as adults – and sometimes more so. *Healing* magazine caught up with Elizabeth Rusch to find out more about how this inspiring generation has influenced her outlook on life.

How did you get started writing about parenting and education?

I got a job right out of college doing research for *Teacher Magazine*. I was looking for something in education that didn't require a teaching degree. I had always had an interest in teaching, in child development, and that job also gave me an opportunity to write, which I was also interested in doing. Through that job I was able to look into all kinds of things that are going on in schools, all sorts of topics that parents and teachers need to hear about.

So that was the inspiration to write the "KidSpeak" column for Child magazine?

Yes. *Child* is a parenting magazine about kids from birth through age 10. As I was working as contributing editor to the magazine, I realized that, although the magazine is focused on kids, kids' voices were rarely heard in its pages. I wanted to capture kids' voices and opinions, so I interviewed kids and reported their words. I mostly asked them questions like, "Why should you eat your vegetables?" But one time I asked, "What should we do about pollution?" and I got a response I didn't expect: silence. At first I thought maybe they didn't care about pollution, or they didn't know what it was. But the truth was, they were thinking. These kids took the question seriously. And when they came up with answers, there was passion and creativity there. These kids had good ideas for dealing with pollution, and they were sharing these ideas. I thought, there should be a book that captures these ideas and this passion.

Even after finding a publisher that was interested in the book and interviewing kids more thoroughly, every single kid I talked to confirmed my initial reaction – here's a voice that needs to be heard, to help parents and teachers understand that kids really do think about these issues.

In more than half of these discussions about tough issues, these kids were saying, "What can I do?" and "How hard would it be to do that?" The kids thought of solutions to problems like pollution and hunger and violence, and then they went a step further and asked themselves, "What can I do?"

How has learning about the kids of Generation Fix affected your expectations of your son?

Well, Cobi is still a baby, but even now I look at him and realize that he's a member of Generation Fix. See, as parents, we think about things like language development and social skills. Not as much attention is given to the development of empathy and sympathy in our children. Through hearing these kids' stories, I have been encouraged to make empathy and the desire to help others prominent aspects of his development. I have expectations for him – expectations for what he's capable of, that I wouldn't have thought of if I hadn't interviewed these kids.

Most of the kids in the book are doing remarkable things – simple, elegant things.

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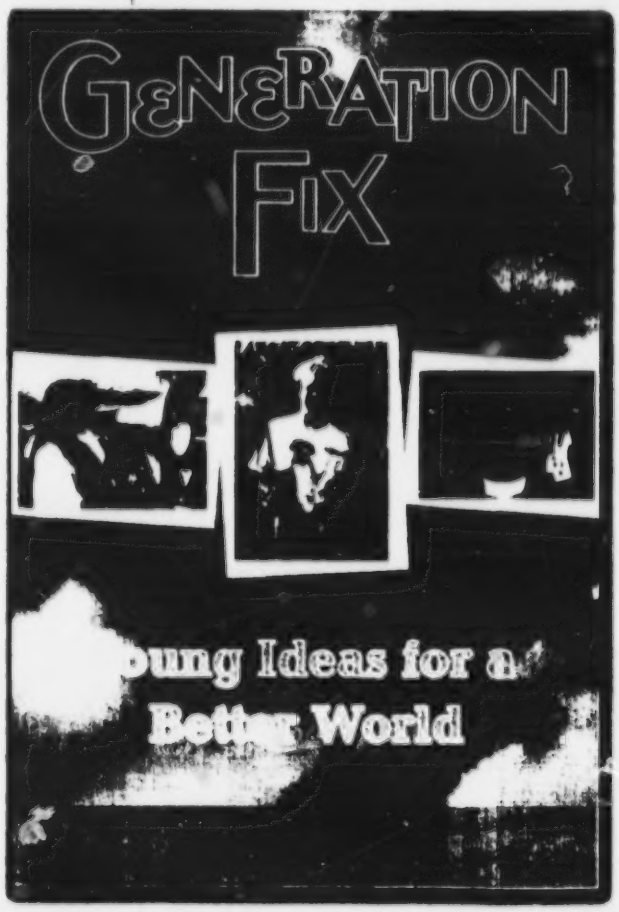

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And it seems that – you know how problems sometimes spiral out of control? Well, these kids saw that sometimes solutions can get bigger than you plan in the same way. Just seeing what these kids can do gave me a great sense of what my Cobi can do, too.

How did the kids in the book react when they heard that their stories were going to be told on such a large scale?
All of the kids were so humble. When they saw the book, they all were surprised that I chose their stories, because all of them felt like the other kids' stories were so much better than their own. They had all been surprised when they got any kind of recognition – an award or an article written about them. Many of them told me they had thought you had to do something bad to get recognition. They didn't think adults were interested in good things kids did!

I've heard from adults who have been inspired by the stories. Adults say, "I'm in my 30s, I'm in my 40s – look what these kids have done without a driver's license, without a college education. What, then, can I do? What would the world be like if we all did the things these kids are doing?"

After doing all this research, talking to so many kids and discovering their ideas to make the world a better place, what is your advice for how we can encourage the kids in our care to come up with their own ideas for helping others?
First, I'd say just ask kids what they think is wrong with the world, and what they think should be done about it. Then listen to their answers. Sometimes, their answer may be something simple, or you may be faced with silence, as I was at first. But give them time to think and form an answer. Problems like poverty and homelessness and hunger are tough for adults to think about. Kids may not have formed ideas on these issues yet because they've never been asked. Give them the opportunity to talk about it. Once they have a solution in mind, encourage them to act on it. Ask them, "What part of that might you like to work on?" Give them the support they need. "How could your friends or I help you? How might your friends help?" Help them understand the steps necessary to complete their plan. Don't take over; just give guidance. Talk about the issue, and ask if you can help to put them in touch with people or organizations who do that kind of work.

By asking kids for their ideas, you lay the foundation for ongoing motivation to do things for others. There is then a long-term impact – commitment comes from within.

For discussion guides, resources for volunteering, to share your own ideas for making the world a better place, or to purchase Rusch's book, visit www.generationfix.com or www.beyondword.com.

We at Healing magazine are always looking for new resources for helping kids. If you have a suggestion for us, please send it to:

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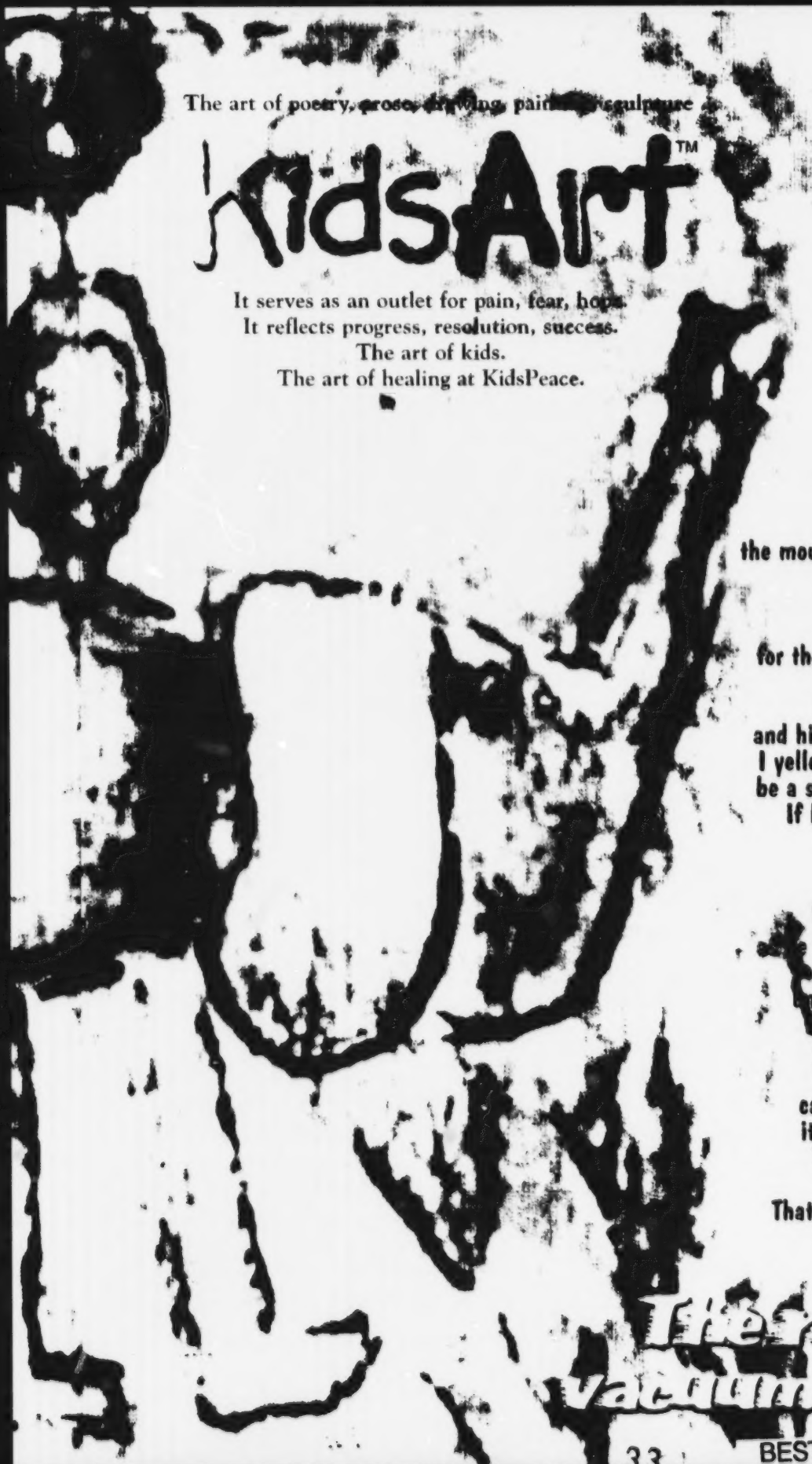

I was cleaning my house
when I spotted a mouse
all on a summer day.
"Mom!" I cried,
but to my surprise
Mom had gone away.

How could this be
that she could just leave
never again to look back?
All of a sudden,
the vacuum was runnin'
the mouse was its point of attack.

The chase was on
but soon to be gone
for the vacuum sure was greedy.
He was determined to eat
for this mouse was a treat
and his stomach sure was needy.
I yelled, "Don't give in, it would
be a sin to let the rodent loose."
If I could, believe me I would
put that rat in a noose.

The vacuum listened
and seemed to glisten
almost caught the invader.
He came real near,
until the mouse couldn't jeer
and cried, "See you later!"

Squeeks and squeels
came from under the wheels
it gave me a bit of a hunch.
The vacuum was famished.
The rodent had vanished.
That mouse was now his lunch.

By Rosey S., age 17

The runaway vacuum cleaner

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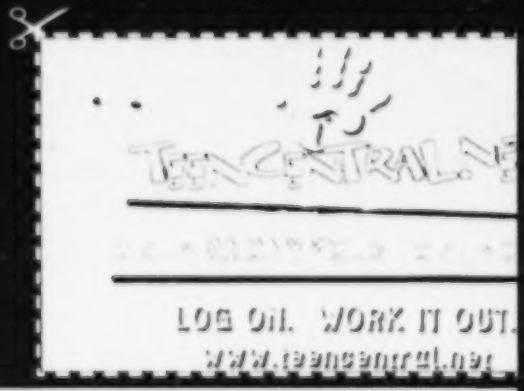

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Fall/Winter 2003 • Volume 8, No. 2

HEALING™

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Magazine

STRESS:

In kids and adults, Healing strategies for when the going gets tough

Plus:

Why kids go bad

Help for teen runaways

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C.T. O'Donnell II, KidsPeace President and CEO, and friends

Healing *ways to handle stress*

Dear friend of children,

We all know what it's like to be stressed out, to feel like life is asking too much from us, to be overwhelmed by responsibility and uncertainty. This issue of *Healing* magazine explores several avenues that stress can travel, and discusses the courses we can take to reduce its negative effects in the lives of our children and ourselves.

As a parent of a child with special needs, Brooke Schewe knows a lot about stress, and she shares her story and stress-busting techniques in these pages. Special education teacher Andrea Cooper shares a proven method of stress management she's used with her students. And therapist Janet Sasson Edgette discusses strategies to handle a stressful topic for all clinicians: working with adolescents who do not want therapy.

In addition to providing essential information on stress, this issue profiles some family-friendly services available to kids in crisis situations. Take a close look at KidsPeace's Family-Based Program, serving inner-city kids and their families through times of crisis. Read all about the National Runaway Switchboard, the federally designated national communication system for runaway and homeless youth. And learn more about the National Association for Children of Alcoholics and the education and services they provide to kids whose parents struggle with alcoholism.

As you read this issue on combating stress, please remember that *Healing* always strives to provide you with practical information you can use at home, work, and school. We look forward to your comments and suggestions, and we welcome you to submit articles and suggestions. When you have finished reading this copy of *Healing*, please pass it along to your friends or coworkers, or sign them up for free subscriptions at www.kidspeace.org. Thank you for your commitment to kids' mental, emotional, and physical health, and thank you especially …

For the Kids,

C.T. O'Donnell II

C.T. O'Donnell II

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Credibility and connection in adolescent therapy

By Janet Sasson Edgette, Psy.D.

Every day across this country, innumerable counselors and therapists sit with their adolescent clients and try to engage them in some kind of discussion about their problems. These kids variously squirm, fall silent, pick at their nails, turn surly, become argumentative, lash out. Some talk; some work. But many of the therapists wind up feeling as if they're the only ones trying to make something happen, and the only ones who care if something positive does happen. Is there a different way for us to conduct ourselves with these young clients, most of whom didn't ask for our help in the first place? Is there some way we can present mental health services that would be more appealing to adolescents, and more effective?

I think there is.

Too frequently, therapists with big hearts and big plans only frustrate themselves and bore their clients. They work much too hard at the wrong job – their client's job – and not hard enough at theirs: creating a setting and interpersonal climate that is so compelling that the other person in the room can't not respond. Maybe I know why. We spend time in graduate school and in post-graduate workshops learning how to try and connect with our reluctant, younger clients, but we don't learn how to make ourselves and our services interesting enough so *that they will want to connect with us*. In that first way, we impose ourselves on our clients. In the second, we invite curiosity – a better backdrop for the task of influencing another person's perspective, behavior, self-image, or conception of the world.

Candor leads to discovery

Trying hard to get a silent, sullen, or disinterested teenager to talk in a therapy session does one thing very well: it communicates that getting the client to talk is more important to the therapist than to the client. This is often the first of several ways therapists lose credibility with their reluctant clients. Another way – and one that frequently follows on the heels of the first – is the therapist's apprehension about speaking directly and non-defensively to the very problem the two are having getting a conversation going, or even to the kid's hope never to get one going. The teenager whose therapist dances around the problem comes to view that therapist's tentative "conversation-starter" questions not as gentle prompts to work on his problems, but rather as a reluctance to speak candidly about a mutually apparent but unspoken truth: *It seems so hard for us to get any kind of conversation going. I'm not even sure you'd like us to.*

By avoiding the trap of feeling responsible to make something happen, therapists are free to discover what it is about the client's attitude, or personality, or perspective, or manner of relating that compromises his ability to get along in life. Cards and games and counterfeit conversations about the latest movies are no match at all for a remark on something observed or sensed that sharply (but always benevolently) illuminates for the teenager something about himself that has never come

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to light. It won't be an interpretation (too academic), and it won't be a probing question about what the kid feels (too patronizing), and it won't be a call for reason (too pedantic). It will more likely be a remark pointing to some discrepancy between what the kid thinks about himself, and what the others in his life notice. It will be stated as an observation that comes out of the therapist's experience of the person, and contains absolutely no demand that the teenager do anything about it. Rare of any injunction to change, the indisputable (about the teen) becomes acceptable (to the teen).

For example, a therapist is sitting with a sixteen-year-old truant who won't return to school of his own volition – not because he doesn't want to be there, but because he's made such a big stink about what a waste of time school is for him that he can't go back without feeling as if he is eating crow. "You get so stuck on being right that you'll go down with your ship rather than say you've had a change of heart about something," the therapist says. "I actually think you'd rather be back in school, if only to ease your boredom, but you can't tell anyone for fear they'd think you 'gave in.' What a corner you paint yourself into."

Another therapist watches his client dismiss her parents' concerns, and asks, "Are you always so contemptuous of people's attempts to help you?" When the teen turns toward the therapist as if to ask, *What was that about?*, the therapist shrugs and looks earnestly at her, as if to say, *What could you expect me to say, given what I see? Do you want me to placate you like the others do?* Some people ask how that kind of candor can effect change in a recalcitrant client. I think that sometimes it is the only way a kid who never asked for our help can accept it when it comes.

Considering parents

Of course, having the parents present in the session along with the teenager makes all of this a lot easier. The clinician has a much greater range of therapeutic activity, and the teenager's decision whether or not to talk becomes quite unimportant. It is important, though, that the therapist not let the encounter become an individual therapy session with the parents in the room instead of a well-orchestrated *family* therapy session. Otherwise, the therapist can feel as if he or she is having an empty conversation with a client while the parents watch and wonder how it's going to help their teen stop punching holes in walls or scouting the town for pot. The therapist would do better to find out what the parents need to be doing differently in order to induce their adolescent child to make different choices – or what the parents need to know or believe or do in order to more effectively engage their teenager's sense of responsibility for his actions – or how the family members have lost their ability to influence one another by talking rather than yelling. Finding out what the teenager might be trying to say to his parents, which he hasn't been able to say in a way they can hear, is also important. What *isn't* important is hunting for the feelings underlying the undesirable behavior or attitudes, an exercise most adolescents find annoying and un-useful. It's often an excuse for the therapy to get dragged down in pace and energy, and compromised by the risk of excessive over-empathizing at the expense of people learning to feel more responsible for their choices. Compassion on the parts of therapists, parents, and even the clients themselves is strongest and most genuine when the person to whom it is directed is simultaneously and publicly being held accountable for his decisions.

Compassion on the parts of therapists, parents, and even the clients themselves is strongest and most genuine when the person to whom it is directed is simultaneously and publicly being held accountable for his decisions.

Sometimes, though, the parents are physically, geographically, or emotionally unavailable, and it's just the therapist and the kid. So the therapist asks her what she wants to do about the situation of having to meet, and avoids the temptation to assume that the therapist alone must make the therapy happen. Sometimes it doesn't happen. Maybe the real therapy for that adolescent at that point in her life becomes learning how to directly and appropriately decline a service felt to be hoisted upon her. If the teenager's problems are out of hand, and no parent is available to manage them, then it will likely fall on our other social systems to try and influence the adolescent's decisions and lifestyle.

Balance and respect

Conducting therapy with the reluctant adolescent client highlights beautifully the delicate states of tension and balance between accessibility and reserve. The therapist must cultivate a partnership without ever letting it look as if she is giving chase. She also must help her client find face-saving ways by which he can exit his problems, dignity intact. These kids often do want to make changes in their lives that are in keeping with the ones their parents and teachers want for them, but kids need a way to do it that doesn't feel like surrender and retreat. We can never forget that many of these kids don't come to us of their own accord, and cannot overtly ask for our help. Respecting both the teenager's ambivalent wish for help and his need to protect a burgeoning and brittle sense of dignity and autonomy affords a therapist a more viable platform for making a real connection that makes a real difference.

A version of this article was originally published in the January/February 2002 issue of Psychotherapy Networker.

Janet Sasson Edgette, Psy.D., is a clinical psychologist and a graduate of Hahnemann University, practicing in the western Philadelphia suburbs. She specializes in the areas of child, adolescent, and family therapy, and in the area of sport and performance psychology. She has conducted workshops and seminars on all these topics throughout the United States and Canada, as well as in Russia, Croatia, and Mexico. Dr. Edgette is the author of five psychology books, including Candor, Connection, and Enterprise in Adolescent Therapy *(Norton) and* Stop Negotiating With Your Teen: Strategies for Parenting Your Angry, Manipulative, Moody, or Depressed Adolescent *(Penguin Perigee).*

LifeSpace Crisis Intervention: *Targeting the "why"*

By Jodi S.W. Campbell, B.A.

Traditional management techniques for problematic and unsafe behavior in children have, historically, lacked a dimensional approach that fosters insight and improved relationships. Over the past several years at KidsPeace there has been a dramatic shift in the paradigm of crisis management from a strictly behavioral engineering and modification perspective to a more educational and therapeutic perspective. LifeSpace Crisis Intervention (LSCI) has been one major element in the changes made to meet the ever-changing needs of children in crisis at KidsPeace. Born in the 1950s with the work of Redl and Wineman with delinquent youth, LSCI survived behavior modification domination throughout the '60s, '70s, and '80s and exists today as a systematic, teachable approach used internationally with children who need mental health support. Nicholas Long, Mary Wood, and Frank Fecser are credited with developing the system into the teachable format that is offered at training sites throughout the country.

LSCI teaches six distinct interventions, each of which is organized into six identifiable stages. These interventions target not the behaviors or events themselves, but the reasons behind the choices that children make. It is when we unlock the "why" behind the "what" that we become able to inspire lasting meaningful change in a child's life. LSCI teaches the practitioner to do just that: to listen effectively, to decode, to discover the reasons behind the behavior, and to teach that insight to the child, becoming a partner with that child rather than an adversary.

Experiencing LSCI

In 2000, the LifeSpace Crisis Intervention Institute honored KidsPeace by recognizing the KidsPeace Institute® as a national training site for LSCI. Since then, senior instructors at KidsPeace have trained hundreds of professionals working with children to utilize the revolutionary techniques of LSCI. Participants have included employees from KidsPeace locations in Maine, New York, and Pennsylvania, as well as professionals who work in external agencies and schools in Pennsylvania. Though each training site is required by the LSCI Institute to offer only two trainings to the community per year, KidsPeace offers at least six opportunities annually at the lowest possible rate. The senior trainers have been happy to welcome professionals from the surrounding area who have taken advantage of these opportunities.

KidsPeace Institute further expanded its mission to bring LSCI to all of KidsPeace and its surrounding communities in February 2003. At that time the Institute welcomed candidates from Pennsylvania, Maine, California, Texas, South Carolina, and Norway as we hosted an LSCI Senior Instructor Certification Conference. At that conference, 27 new senior instructors were trained by designates from the LSCI Institute.

Responses to the learning experience of LSCI have been overwhelmingly positive. LSCI graduates continue to tout it as the "best training I've ever had," providing "valuable skills I will use in my job." Instructors present LSCI over a period of five days during which skills are taught, practiced, and built upon progressively. It is the use of extensive experiential training with "true-to-life" scenarios that distinguishes LSCI from other workshops. Though sometimes tentative at first, trainees begin to enjoy the experiential process that allows them to receive feedback in the moment from instructors and classmates. As the week progresses, instructors see a growth of competency and confidence in trainees, culminating with graduation on the fifth day. Graduates leave LSCI encouraged to utilize the process with kids as often as possible and to share their knowledge with other professionals.

Providing better care

As more and more KidsPeace employees have been trained to use LSCI, there has been a noticeable change in the atmosphere of our programs. Direct care professionals have more skills at their fingertips when handling various crisis situations, creating more confidence among the residents and the employees. In fact, KidsPeace has learned to value LSCI so much that in 2003 an initiative was put forth to have all new staff trained in LSCI within their first year of employment. Program and organizational leadership has begun to recognize LSCI as an essential competency for clinical and child-care practice. Truly, this will energize a positive paradigm shift in crisis management. LSCI helps to expand the usual approaches of managing troubling behavior in children to include fostering insight and improving relationships with caring adults. We believe that the more people who are trained at KidsPeace, the better the care will be that is provided to our children.

In support of this initiative, the KidsPeace Institute has added adjunct trainings designed to enhance the integration of LSCI. A one-day LSCI overview was designed and delivered to educate senior executive leadership on the relevancy and importance of the approach. The goal was to facilitate top-down endorsement and accountability concerning the use of LSCI in programs. Additionally, there are fall 2003 plans to roll out a voluntary one-day LSCI refresher course for practitioners who feel their skills getting "rusty." The LSCI refresher will include a review of the six stages and differential diagnoses and will discuss practicalities associated with making LSCI work within an existing program. The ongoing competency and development of current practitioners is important to fully integrating LSCI. The KidsPeace Institute has also begun utilizing the new text available from the LSCI Institute, *The Angry Smile*, by Nicholas J. Long and Jody E. Long. This new text examines the dynamics of passive aggressive personalities in children and strategies for managing them. Currently, the book is promoted during the LSCI workshop and an overview of its contents is given. In the future, plans include incorporating concepts from the text into additional adjunct trainings.

It is the vision of the KidsPeace Institute that the spirit of LSCI will be fully integrated into the culture of all our programs. KidsPeace's hope is that children will always feel heard, having caring adults in their lives who know how to help them tell their stories. The Institute continues to welcome professionals from various disciplines and locations to join in this mission.

Jodi Campbell is a Senior LSCI Instructor at KidsPeace Institute. More information on LSCI training opportunities can be found at www.kidspeace.org or by calling 800-25-PEACE x8366 or x8357.

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Helping families help themselves:
KidsPeace Family-Based Service

By *Jennifer Tannous*

The television in the living room is off, the whole family is present, and everyone is seated, ready to talk. Sound like a typical family night? For this family, whose 10-year-old, Jermaine, is being treated by KidsPeace therapists, this kind of situation happens once a week when they meet with their Family-Based team: Tia Walsh, a mental health care professional (MHP) and licensed social worker, and Glenda Akers, a mental health care worker (MHW). "We wish every family were like Jermaine's," says Akers. "Unfortunately, most of our families are more difficult."

For most of Akers' clients, "family" is a loose term, and includes a range of problems in the home. Often, Akers and Walsh walk into a house that is full of anger, poorly maintained living conditions, and apathetic attitudes. KidsPeace's Family-Based service attempts to combat problems in the home by intensively treating not only the individual client, but the family unit as a whole. The family unit frequently consists of anyone immediately involved, such as siblings, parents, step-parents, foster parents, and a mixture of extended family. Often, a client's problems are linked to the family and changes need to take place within the home environment. For Jermaine's family, his disruptive and violent behavior affects the whole household. "Sometimes he is so unbearable, no one wants to be in the house with him," says Jermaine's mother, Donna. Family-Based attempts to strengthen the connections between clients and their families by meeting in the home and addressing their entire life situation.

Non-traditional program

The uniqueness of the Family-Based approach allows for outpatient intervention and the treatment of multi-faceted problems in the home. In the program, five teams of two mental health care professionals (one with a Bachelor's degree and one with a Master's degree) carry case loads of up to seven families at a time, working with each family for six months. The program has a waiting list of clients in part because of the large area that the program serves. The teams serve the greater Lehigh Valley area in Pennsylvania.

Jermaine (bottom left) and his family have benefitted from the communication and behavioral management skills they learned in the Family-Based program.

Family-Based teams make two contacts a week, one with the individual client and one with the entire family. Since the therapy sessions take place in the home, therapists are able to see the family in their natural environments, and are therefore able to assess the situation accurately. The kinds of families served vary, but most tend to be single-parent homes with a history of multiple mental heath problems as well as substance and/or sexual abuse. "We try to involve the entire family and form commitment in order to help the family become empowered," says Walsh.

Commitment to each other is fundamental in Jermaine's family. They have some serious concerns, but they care about each other and are now learning how to discuss problems effectively. "Jermaine has a history of different therapies. He really likes talking to Tia and Glenda, though, and so do we," says Donna, who entered the program ready to try anything in order to get her son's behavior under control.

Having control

Helping to empower the family occurs in a variety of ways. Family-Based teams try to teach a system of discipline, structured time management, and basic life skills. Many of the families in the program are socially and emotionally isolated, causing a serious lack of communication within the family and in the community setting. "We do a lot of role modeling for families who just don't know simple social skills like going out to dinner and having a nice conversation," says Ackers. Much of the therapy involved is helping parents and children realize that they can make a

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difference with their current situation. Therapists are attentive and give as much praise as possible to the family in order to build the self-esteem they need to take control of their circumstances. Once parents learn to recognize a problem and ask the right questions, Family-Based staff knows they have done their jobs. "We move with small steps," says Walsh. "Discipline is a huge issue and we often measure success on things like, mom is now enforcing consequences whereas before she wasn't."

Family-Based attempts to strengthen the connections between clients and their families by meeting in the home and addressing their entire life situation.

Intensive care

Family-Based methods for implementing the program start with keeping an open attitude. Family-Based teams start first by asking what they can do to help, which often opens a wide range of options. The teams frequently mediate between the family and other organizations such as HeadStart, state Children and Youth bureaus, the Department of Welfare, and foster care in order to provide the family with what they need. Many of the families have multiple needs, so teams have to narrow their focus and assess the most serious situations. "We choose three main issues to work on after we figure out what other services might be needed in the home," says Walsh, who is constantly communicating with a variety of organizations to determine what is best for her clients.

Both Family-Based team members contact schools, probation officers, hospitals, and local authorities on a weekly basis. Coordinating a team effort between these entities is no easy task. On top of the intense communication, therapists also spend a lot of time traveling to and from therapy sessions. "Tia and I often joke that we are married," says Ackers. "We are constantly together, but it makes stressful situations easier to handle. We want to make sure we are doing the right thing, and we always question ourselves and each other."

The family-based program has treatment teams available 24 hours a day, seven days a week to help with crisis situations. Families are given access to help at all times and therapists respond with a variety of techniques. They try to calm the situation and solve problems through open communication. "We often talk a client through a difficult situation and refer them to the next step, whether it be the authorities or the hospital," says Walsh.

Serving children in need

Behavior modification is one of the major needs of many of the children in Family-Based. Therapists try to teach coping, anger management, and problem-solving skills to the children. For many of the kids, Family-Based is the last step before out-of-home placement, and for others the program serves as a transitional tool back into their home environment from alternative placement. Environment plays a huge role in the lives of these children and their safety is often a consideration. "We want to determine what is best for the child. What's best may not always be possible, but our focus is on creating better situations," says Ackers.

Many of these kids are constantly in trouble at school. "We are always in contact with the schools," says Akers. "Truancy is a huge issue with some of these kids." Some of the goals that therapists have to set for their clients involve attending school consistently and staying out of trouble after school. For some, like Jermaine, attending school is not a chore, but a real accomplishment. Jermaine proudly possesses a *Perfect Attendance* certificate in a neatly kept folder, which he often shows off with a grin. His therapists and poised older brother, Tony, praise him for a job well done.

Glenda Akers (top left) and Tia Walsh help parents like Agustin and Donna Vazquez and their boys Jermaine (bottom left) and Tony live more harmoniously together.

"We have seen a lot of improvement and there is a difference from before we started Family-Based until now," says Jermaine's mother. "Now Jermaine is trying to control his anger by using the coping stills that Tia and Glenda taught him, where before he wouldn't even try." The Family-Based program really tries to teach control and treat entire life situations. By helping families to help themselves, the home environment can change and so can the client. The goals of Family-Based are broad and often difficult to achieve, but as Ackers states, "For me, the ultimate goal is to ensure a better level of comfort and happiness for the family." If Jermaine's grins of accomplishment in school are any indication, then Family-Based is definitely leading families toward greater levels of self-sufficiency, control, and happiness.

For more information on KidsPeace's Family-Based services, please visit www.kidspeace.org or call 610-776-1930.

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"It's hard for people to understand how to support me ..."

Filling the information void for people with disabilities and their families

By Elbert Johns

Imagine buying a house without looking at any others on the market, taking a new job knowing nothing about the company, or buying a car without a test drive. In everyday life, people don't make major investments without information, but in the world of developmental disabilities, such unsupported decision-making is the rule, not the exception.

A new national nonprofit organization called TheArcLink is attempting to fill this void of information through two Web sites. The first site is www.TheArcLink.org, a resource for people with disabilities and their families that explains in straightforward language the entire service system for people with disabilities. The second site, the Medicaid Reference Desk (www.TheDesk.info) is intended for use by people with intellectual disabilities and explains the various options available through the federal Medicaid program. TheArcLink currently covers fifteen states and more than 28,000 providers, representing over half the U.S. population. TheDesk covers at least one state in each of the ten federal Medicaid regions, but has no provider database.

... Suddenly the consumer is faced with different funding sources, different coordinating agencies, and different systems of service delivery. State agencies struggle to keep records up-to-date and to make accurate information readily available. But more times than not, a family will have to speak with multiple agencies many times to get the answers to their most important questions ...

TheArcLink's goal is to provide resources that empower individuals with disabilities and their families to make sound choices about services that support their full participation in the community. Empowering people to choose is not simply providing information, but giving individuals the opportunity to interact with others who have similar needs and experiences.

For more than fifty years, families facing disabilities have advocated together for better systems of support and inclusion through TheArcLink and other organizations. Collectively these families have accomplished great things: a free, appropriate public education for all children, home ownership, and jobs and voter accessibility for adults who were previously institutionalized.

The power of choice

The world is changing very rapidly in the right direction in its approach to people with disabilities and their families, yet the everyday task of survival in the community can be daunting for individuals with developmental disabilities and families who have little or no information on available services and supports. Many people do not know how to access services, and are unaware of choices that exist or of long waiting lists and the importance of applying for services early.

One trend facing people with disabilities and their families is an increasing opportunity to choose among many service providers. The era of receiving

continued on page 10

An example of definitions that are accessible to people with intellectual disabilities:

The federal definition of "occupational therapy" is composed to be technically correct and meet the needs of the payer and the professional as well as the consumer. It contains 56 words, including 24 words with three or more syllables:

"Occupational therapy services involve the treatment prescribed by a physician to develop, restore, or improve functional abilities related to self-help, adaptive behavior and sensory, motor, postural, and emotional development that have been limited by a physical injury, illness or other dysfunctional condition. It involves the use of purposeful activity interventions and adaptations to enhance functional performance."

TheDesk's definition of "occupational therapy" is more outcome- and action-oriented:

"Therapy prescribed by a doctor for people who have a disability so they can be more independent." It has 17 words, but only three words with three or more syllables.

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services 24 hours a day, seven days a week from the only service provider in the community has been replaced by a proliferation of service providers, service coordinators, case managers, and entry points. More individuals have the opportunity to piece together their support options, selecting therapies from here, employment support from there, and housing options from yet a third source. In this case, the opportunity to participate in a market and exercise self-determination increases the perceived value of the decision-maker.

Bob Heinemann, who serves on the Oklahoma Developmental Disabilities Council, learned about state bureaucracy the hard way – by navigating it with his wife after taking in their eight-week-old grandchild, Jessica, who suffered from Shaken Baby Syndrome.

That was 12 years ago.

Today, he's able to click on www.TheDesk.info, the nation's first Web site created by The Medicaid Reference Desk project. The site, supported by advocates and consumers, provides an online "road map" to critical consumer information about government-funded health services.

In Oklahoma, more than 4,000 people with developmental disabilities rely on Medicaid for services including residential alternatives, therapies, assisted technologies, and specialized medical care. Heinemann, along with people who have developmental disabilities, helped define and refine the content for The Medicaid Reference Desk .

"It's simplistic – a place you can go to for plain language," said Heinemann, who is a forester at Oklahoma State University. "If we had a place like this Web site, we could've gotten some clear, concise facts to lead us in the right direction."

Heinemann's granddaughter relies not only on Medicaid, but she also needs services provided by five different state agencies. The 12-year-old is blind and has cerebral palsy and other significant disabilities. She cannot speak and has seizures.

Heinemann said people with severe impairments also are able to access and navigate the Web site with some assistance.

Creating solutions

The environment of proliferating providers has some glaring weaknesses. With so many new providers, there are very few controls for quality assurance. Once given the opportunity to choose, on what criteria does a consumer base a decision? In some cases, families don't even have access to an up-to-date list of providers in their area from which to choose, much less information about these providers. And if they have to move from one community to another or one state to another, the search for information and guidance about quality is even more challenging. Suddenly the consumer is faced with different funding sources, different coordinating agencies, and different systems of service delivery. State agencies struggle to keep records up-to-date and to make accurate information readily available. But more times than not, a family will have to speak with multiple agencies many times to get the answers to their most important questions.

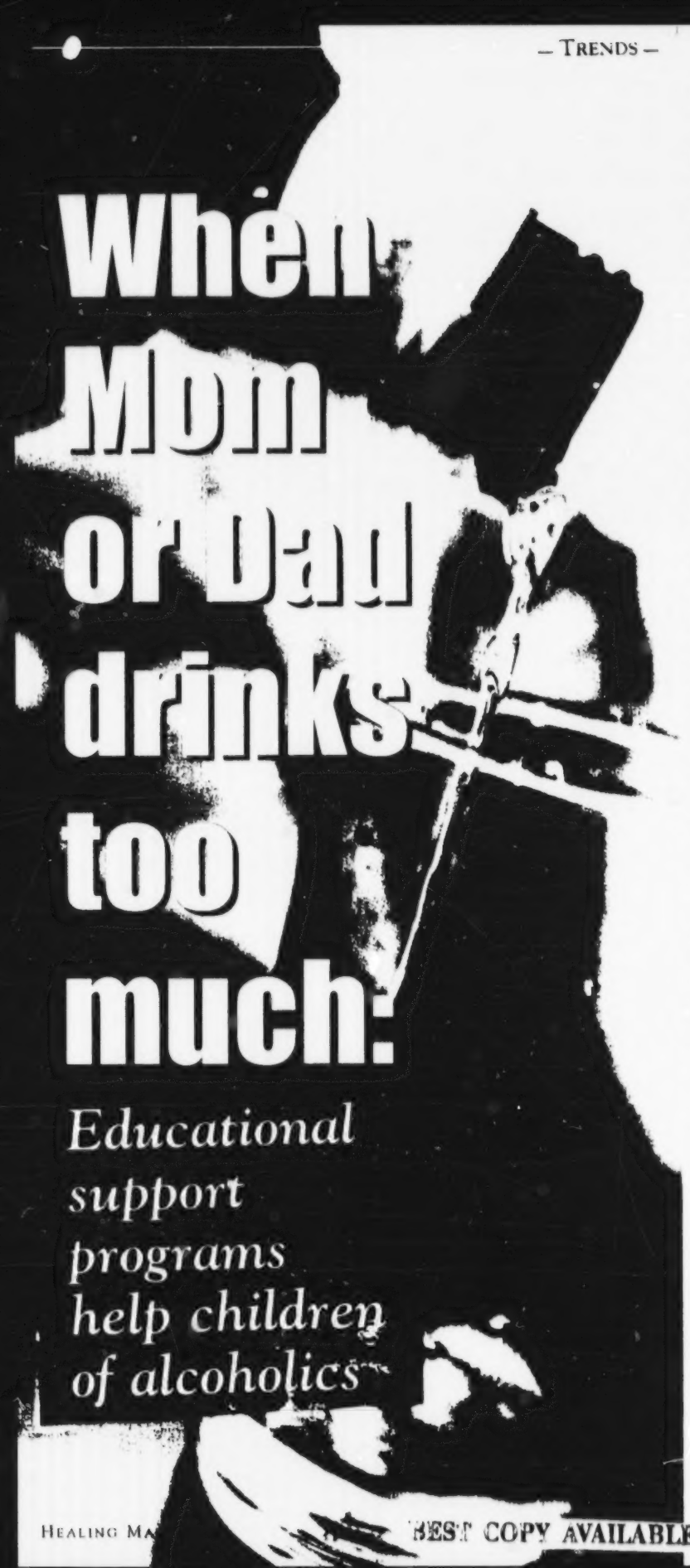
TheArcLink contains a state-by-state explanation of the service system, links to entry and access points, and a comprehensive database of approved service providers of more than forty different types of services to children and adults. Consumers can access basic information about every provider and additional information about providers who have expanded their listing. In addition, individuals and families can network with people receiving services to share experiences and advice about specific providers, services, and state systems.

TheDesk was developed through collaboration with TheArc of the United States, AIMMM (Advancing Independence, Modernizing Medicare and Medicaid), The Center for Self-Determination at Oregon Health & Science University, and Oklahoma People First, and was funded by the Administration on Developmental Disabilities. The project team translated every federal Medicaid service definition into straightforward language. (See sidebar, "An example," page 9.) The site includes more than 600 of these definitions, along with brief audio and video clips so that people who don't read can understand the definitions.

Final editing of the definitions was done by Nancy Ward, who has an intellectual disability herself. She also appears on the site in the audio and video clips. According to Ward, the content is geared to an elementary reading level – offering availability to a wide audience. "I get frustrated easily," she says. "Sometimes, it's easier to see what a person with a *physical* disability wants. If that person is stuck in front of a door in a wheelchair, you can see that and help them. But it's hard for people to understand how to support me. TheDesk will make services accessible." Ward is the self-advocacy coordinator for Tulsa-based Oklahoma People First, a 500-member advocacy group with 13 chapters.

Initial funding for the development of TheArcLink was provided by the SBC Foundation in 2000. Ongoing funding comes from provider fees for expanded listings and other sources. Subsequent funding from SBC brought the addition of an online training curriculum for librarians who assist people with disabilities to use the Internet, which will be launched in September 2003.

Elbert Johns founded TheArcLink in 2000. He has 30 years of experience as an administrator of developmental disability programs and as an advocate for diversity and inclusion.



When Mom or Dad drinks too much:

Educational support programs help children of alcoholics

By Marion M. Torchia, Ph.D.

It is Wednesday evening at the Sequoia Health and Wellness Center in Redwood City, California. Four groups of children enrolled in The Legacy Foundation's Children's Place program are meeting in separate rooms, while their parents and grandparents are meeting upstairs.

In one room a group of three boys and four girls ages 9 through 12 are sitting on beanbags in a circle around their leader and co-leader, Susan and Jennifer. Susan is a marriage and family therapist intern who recently graduated with a Master's Degree in Psychology. Jennifer is one of 15 volunteers from the Mid-Peninsula Junior League in Palo Alto. The children are laughing uproariously as they all tug on a huge wad of pretend bubble gum (actually, a big glob of silly putty provided by Susan for this special activity).

"Let's use our imaginations," urges Susan. "What if this were really bubble gum?"

"Well, the more we would grab, the more we would all be stuck together. We would all be in a mess, and we couldn't get out," answers Mary, a thoughtful 11-year-old who had been very quiet until the game began.

Once the children are tired of pulling on the silly putty, the leader launches a conversation about the way alcoholism affects family life. "The disease of alcoholism acts like bubble gum," she explains. "Everyone in the family feels stuck, because the disease is there between them, getting in the way of everything they try to do and affecting all of them. And the more they try to fight it, the worse it seems to get."

The leader then asks the children to reflect on ways they may have felt "stuck" in their family situation. "When my mom is drinking, and doesn't get dinner ready, and I have to cook, I feel stuck," Mary says. "The more I try to do her job, the worse I feel."

"When I poured out my dad's liquor bottle, he just got mad," volunteers 12-year-old John. "I was stuck. I've stopped doing that. I know now that my dad has a disease, and that he needs to get treated, and that taking away the liquor won't help. My dad is now going to a treatment center, and my mom says he is getting better."

Susan takes the conversation a step further. "There are some things that go on in families where alcoholism is a problem that just aren't right," she explains. "But a child can't fix them all alone. You have to find other adults to help you with the problem – maybe your grandparent, maybe your aunt or uncle, or maybe your teacher can help. At least it helps to talk to other adults about the problems you are facing."

The following Saturday morning the children are back together. This time they are watching a movie about a dog named Pepper, whose master drinks and sometimes fails to feed him or take him for walks. Pepper learns that his master really loves him, but that the disease of alcoholism is causing him to behave badly.

The one-hour sessions go on for 10 weeks. Each of the children has been enrolled in the program by a parent or guardian. Sometimes, but not always, the parent with the drinking (or drug use) problem is already enrolled in an addiction treatment program. Says Julie Scales, director of the Children's Place program, "We take the families where they are, and work with them. Whether or not the alco-

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holism or other addiction is under control, the children need help. At a minimum, they need acknowledgement that the problems they face are real, that their situation is not normal, and that they are not alone – that there are adults they can turn to for help. Often, the 10-week session is a starting point for everyone. The whole family can go on to get the help they need."

"The disease of alcoholism acts like bubble gum. Everyone in the family feels stuck ..."

The rationale for children's support programs

There is no question that millions of children in the United States live in homes where there is alcoholism or other forms of addiction. In fact, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) estimates that one in four children under 18 lives in a family where one or more adults drink too much.[1] The problem is everywhere – it crosses all social and economic classes, urban and rural boundaries, and ethnic lines.

We also know that these children are at greater risk than other children of physical and emotional harm. In the worst cases they may suffer outright neglect or abuse. Even when things are not so bad, barriers of denial and distorted communication are typical in an alcoholic or drug-using home. In her best-selling book *It Will Never Happen to Me* (MAC Publishing, Inc., revised edition, 2001), Claudia Black, Ph.D., M.S.W., an expert in addiction and the family, lists three counterproductive rules that are the hallmarks of an addicted family system:

Rule 1: **Don't talk.** A regime of rationalization and enforced silence prevails.

Rule 2: **Don't trust.** Children find that adults cannot be relied on.

Rule 3: **Don't feel.** Uncomfortable feelings – fear, embarrassment, guilt, and loneliness – are kept at bay.

In such an atmosphere, children are left confused, uncertain of the validity of their own experiences, and reluctant to put their trust in anyone.

Educational support groups are a way to break through these barriers, according to Jerry Moe, one of those who pioneered the development of such groups in the 1970s, and the founder of the Children's Place program. "Among their contemporaries, guided by a trained teacher or facilitator who leads them in enjoyable educational activities, children find a safe place where they can open up, give voice to their experiences and feelings, learn that there are safe people who can help them, and begin to develop trusting relationships," he explains. Moe is former director of children's programs at Sierra Tucson Treatment Center in Arizona, and currently director of children's programs at the Betty Ford Center in Rancho Mirage, California, and Irving, Texas.

New Children's Program Kit now available

The pioneering work of Moe and others has just recently been compiled in a new format and made available free of charge to child-serving agencies nationwide. (See page 13 for ordering information.) This new product, titled *Children's Program Kit: Supportive Education for Children of Addicted Parents*, was developed by the National Association for Children of Alcoholics (NACoA), a non-profit advocacy organization that addresses issues of addiction and its impact on families. The Kit was developed in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the federal Department of Health and Human Services (DHHS).

The Kit provides the tools needed for a complete program. It offers guidance on program organization, start-up, and evaluation, along with age-appropriate lesson plans and activities for children from first grade through high school. It includes four videos, one for adult education and three for use with children. The materials are readily adaptable to various settings, including inpatient treatment centers, outpatient clinics, school-based student assistance programs, and community and faith-based youth programs.

The Kit conveys a set of encouraging messages to the children:

- *Addiction is an illness. You did not cause it and cannot be expected to control it or fix it.*
- *You are not alone. Millions of children are in similar situations.*
- *It is right and helpful to find a trustworthy person to talk to. Seeking help is not being disloyal to your family.*
- *You can make healthy and safe choices that will contribute to a happy, drug-free life despite the addiction in your family.*
- *Help is available for you. There are also treatment programs that can get your parent on the road to recovery.*

This information is distilled into the "Seven Cs," a list that even a young child can comprehend and remember:

I didn't cause it.

I can't cure it.

I can't control it.

I can help take care *of myself by*: communicating *my feelings*,

making healthy choices,

and celebrating *me*.

At the Children's Place, the children close each session with a message to one another that echoes the Seven Cs: "I am special and so are you!"

Program activities

The Kit teaches the Seven Cs, primarily through games and creative activities, for elementary, middle school, and high school groups. In addition to the unit on Addiction, which includes games like "Bubblegum Family," there is a unit on Feelings that helps children identify and express both comfortable and uncomfortable feelings in healthy ways. These discussions counteract the "Don't talk," "Don't trust," and "Don't feel" rules prevalent in addicted families, according to Sis Wenger, NACoA's executive director, who coordinated the development of the Kit.

Within the Feelings unit, there is a "Feelin' and Healin' Game" for high-school-age youth, designed to show them how to distinguish between acceptable and unacceptable ways of expressing anger and other strong emotions.

Coping skills the children may not learn in an alcoholic home, where rigid behavior prevails, are taught using the STARR Problem Solving Model. The group leader presents a series of problems to the children, and the children practice the STARR decision-making steps to solve them:

Stop	Ask "What is the problem?" Name it.
Think	Ask "How do I feel? How can I solve this problem?" Identify options.
Act	Choose the best option that helps me stay safe and allows me to take good care of myself.
Resources	Ask "Who can help me? Where can I find assistance?" Find safe people and places for help.
Review	Ask "Would I try to solve this problem the same way again? What would I do differently next time?"

A unit on Treatment and Recovery helps children understand and cope with the changes that will take place in their families as their parent or parents go through the recovery process. They learn that recovery is a lengthy process and that relapse is possible. Most importantly, they learn that the addiction is not their fault, that nothing they ever did could have caused their parents to drink or use drugs, and that their parents are responsible for their own recovery.

The Kit's educational thrust

An important premise underlying the Kit's design is that education and support, not psy-

chotherapy, is what most children in this situation need, most of the time. NACoA's Sis Wenger says this distinction is crucial. "Children in addicted families are certainly under stress, and need encouragement, insight into the realities of their situation, and skill-building activities in a safe, supporting environment, so that they can learn to cope positively with the complex tasks they face," she says. "But this does not mean that they are suffering from a diagnosable mental disorder. Moreover, they already experience the shame of their family's stigmatized condition, and the last thing they need is an unnecessary diagnostic label."

Wenger cautions that if a child exhibits problems that indicate severe emotional disturbance, he or she should certainly be referred to an appropriately trained therapist, who may use either an individual or a group approach.

Following the rules

In order to accomplish its goals, a support group must truly be a safe place where the children can be comfortable, says Heather Happ, program coordinator at the Children's Place. There should be a regular time and place to meet. Children should be pre-enrolled and expected to pursue the whole program, so that they can become acquainted with one another over a period of time sufficient to allow trust to develop.

A set of simple but definite rules contributes to the children's sense of security:

One person talks at a time.

We respect each other.

Put-ups only.

Everyone has a right to pass.

What we say here, stays here.

The frequency and length of the sessions will vary according to the situation and the age of the children. A residential treatment program may offer daily, all-day sessions over a week or more. Typically, programs conducted as part of outpatient treatment and in other community settings will meet once or twice weekly, for one to three hours, for a period of about six to 12 weeks.

If resources permit, children are grouped in relatively narrow age ranges. The Children's Place offers sessions grouped by age for kindergarten through middle school, but children as young as 4 can attend when their parents also participate.

Support programs such as the Children's Place have built-in protections. Everyone, staff and children alike, is cautioned to respect the confidentiality of the information that is shared. On the other hand, parents and children are told at the outset that staff are obligated by law to report any suspected child abuse or neglect, as well as situations where a child shares that he or she is going to harm him/herself or others.

Groups for parents, grandparents

Sometimes, says Scales, a child is brought to a support group by a caregiver other than the addicted parent – perhaps a grandparent, the non-addicted spouse, or another relative. At the Children's Place program these caregivers were hungry for information on what to do, how to work with their children and grandchildren, and how to gain important life skills in parenting. Several years ago staff designed a support program for grandparents and other guardians.

In these adult sessions, caregivers are kept informed about what the children are learning. In addition, they are given tools to enable them to communicate with the children about addiction. They are also offered help with general parenting skills.

Wenger says these parenting programs have until recently been "a missing piece" in the continuum of alcoholism and addiction treatment and recovery programs. "If we are to break the cycle of addiction, we really need to treat the whole family, and work on the relationships among its members," she says. "And there is no more important relationship than that of parent or other caregiver to a child."

1. Grant B.F. (2000). Estimates of US Children Exposed to Alcohol Abuse and Dependence in the Family. American Journal of Public Health, 90 (1), 112-14.

Marion Torchia, Ph.D., is director of communications at the National Association for Children of Alcoholics.

Ordering Information:
Children's Program Kit: Supportive Education for Children of Addicted Parents. Available free of charge from the National Clearinghouse for Alcohol and Drug Information (NCADI), Box 2345, Rockville, Maryland 20847-2345. Or call 1-800-729-6686, or fax to 301-468-6433. Refer to inventory designation CPKIT.

National Association for Children of Alcoholics (NACoA) A resource for children living with family addiction

NACoA is the national organization that advocates for all children and families affected by alcoholism and other drug dependencies. Together with its 30 affiliates, the association works to raise public and professional awareness of the children's needs, and develop and disseminate educational programs for the children themselves. NACoA wants everyone who comes in contact with children to understand that:

- *Alcohol/drug addiction is a serious illness affecting millions of Americans. It affects the entire family, and does particular harm to the children of addicted parents.*
- *There is a substantial, growing, and useful base of scientific knowledge about addiction and its impact on developing children, and about the problems they face.*
- *Solutions are available, including one-on-one support from trusted adults, formal educational support groups, and support from the faith community and other institutions that reach families.*
- *Physicians, nurses, educators, social workers, clergy, and others who may encounter children living with addiction have important opportunities to help. Children suffer more when these key people do nothing.*
- *Children do not always need to be singled out in order to be helped. Educational programs for all children can convey much of the needed information.*
- *Children of addicted parents, most often, are not themselves ill. While some may have mental health, alcohol, or drug problems and need treatment, most respond well to age-appropriate information, encouragement, and support. Supportive educational groups are an excellent vehicle for delivering this sort of help. Unnecessary diagnostic labels should be avoided.*

Visit NACoA's Web site at www.nacoa.org, or call 1-888-55-4COAS (1-888-554-2627).

A BEACON OF HOPE FOR YOUTH AWAY FROM HOME:

The National Runaway Switchboard

By *Miriam H. DiBiase*

They're average kids. They wrestle with all the normal teenage struggles: relationships, grades, keeping up with the latest fashions. But there's a deeper conflict that isn't readily visible, even to their friends. Whether the cause is family dynamics, problems with a boyfriend or girlfriend, difficulties at school, financial struggles, or any number of other issues, the perceived solution is the same: These kids think running away from home is the answer. Every year, nearly 1.7 million youth will step out their front doors intending never to go back. Where do they go? How do they survive? Who can help them, and will they ever go home? The National Runaway Switchboard strives to answer these questions and provide solutions.

The National Runaway Switchboard (NRS), established as a local service in Chicago in 1971, is the federally designated national communication system for runaway and homeless youth. NRS runs a 24-hour toll-free crisis hotline not only for runaways, but also for anyone with concerns about a runaway or a potential runaway. "We handle between 116,000 and 120,000 calls per year from all over the country from youth on the run, as well as from youth who are feeling overwhelmed at home and are unhappy and need support," says Maureen Blaha, Executive Director of the National Runaway Switchboard. "We also get calls from potential runners, youth who feel isolated and alone at home. And we hear from adults struggling to raise their teenagers, as well as from educators, police, and juvenile justice officials. We provide referrals and a listening ear." Blaha stresses that NRS does not provide counseling to callers; rather, she says, "We offer intervention to help callers explore their own options for getting out of their crises."

In addition to the staff, 140 volunteers work in shifts of two to four hours answering calls to the Switchboard. "The diversity of our volunteers adds to the depth and richness of our services," notes Blaha. "They range in age from 16 to 78, and they all have their own way of talking, of taking a call." Volunteers each receive 30 hours of training. Their first calls are closely monitored by an experienced supervisor, and support and assistance are always available to volunteers.

SOLUTION FOCUSED CRISIS INTERVENTION

The National Runaway Switchboard's purpose is to help reopen communication between family members, guide runaways or potential runaways to work through their difficulties, and help them explore their options. Runaways and parents call to receive solutions; NRS leads callers to discover their own solutions. The intervention NRS provides is based on a model they call solution-focused crisis intervention. The model has five steps:

Establish rapport with the caller. "The foundation of building rapport is a willingness to listen and not to judge," says

Blaha. "Sometimes what is most powerful for the caller is that someone is listening to what they have to say. Our front line team of staff and volunteers settle, diffuse, and establish rapport with the caller. The call is not scripted; the volunteers and staff respond in do it their own way according to the model."

Explore facts and feelings. The caller is invited to share his or her reason for calling, and a member of the front line team uses active listening techniques to lead the caller toward options for dealing with the crisis.

Focus on the main issue. "For example," says Blaha, "if a youth is calling from the street, and he's not in a safe place, that is the main issue that needs to be addressed at the moment of the call. If he is at home, the main issue may be something else, but it's our job to hone in on that."

Elicit options from the caller. The initiative is put on the caller to come up with some solutions to the issues she's facing. The caller is therefore put in control of her situation.

Support and develop a plan of action. Front line team members help the caller decide what to do about his discussed options, and offer to put him in touch with resources in his community that can further help him.

RUNAWAYS AND ABDUCTIONS

According to the U.S. Department of Justice October 2002 NISMART-2 – National Incidence Studies of Missing, Abducted, Runaway, and Thrownaway Children – an estimated 1.68 million children (under age 18) had a runaway/thrownaway episode in 1999, and two-thirds of these youth were between the ages of 15 and 17. According to NISMART-2, the majority of all reported-missing children – 45 percent – were runaways/thrownaways. Nine percent of all reported-missing children were abducted by family members, and only 3 percent of reported-missing children were victims of non-family abduction.

The National Runaway Switchboard receives calls from parents whose children are gone; many parents don't know if their child ran away or if he or she was abducted. "If it's clear that this is a case of abduction, we send that call directly to the National Center for Missing and Exploited Children," states Blaha. "In all cases, when we get calls from parents, we find out if they've filed a missing person report to with the police. If they haven't, we facilitate the call. Many parents don't know that the police are required to take a missing person report immediately if a child is missing, even if the child has only been missing for a few hours."

OPTIONS FOR RUNAWAYS

Abduction is the exception rather than the rule when it comes to missing children. Most missing kids have run away from home because they view their situation as unbearable or dangerous. And for some runaways, they truly are safer away from home. NISMART-2 states, "It is generally recognized that children who leave home prematurely often do so as a result of intense family conflict or even physical, sexual, or psychological abuse. Children may leave to protect themselves or because they are no longer wanted in the home."

"Going home isn't always the right option for the caller," says Blaha. "Although many youth identify family dynamics as their main issue, there are often abuse issues that aren't evident right away. If the caller is willing, we initiate a call to protective services for them, and support the caller through the call. We'll also help the caller identify a neighbor or relative who might provide a safer place for them to stay, whether long- or short-term."

NRS can also identify alternative living situations for callers, such as shelter or independent living programs in the caller's community. But many runaways just want to be able to live at peace with their families in their own homes. "Most of our callers call within the first one to three days they ran," Blaha notes. "Probably three-quarters of kids go home within seven days of running. We don't tend to get calls from youth who have figured out ways to live on the street. Most of our callers are seeking support. Most want to be connected to their family or at least to some safe place. So many kids living on the street become victims of crime, or, because they need funds to stay alive, become perpetrators of crimes like dealing drugs or prostitution."

HOME FREE AND MESSAGE RELAY SERVICES

NRS has developed ways to unite families and help pull runaways out of destructive behavior. "We send about 1,000 kids home every year through the Home Free program, a partnership with Greyhound Lines," Blaha says. "When a youth calls and tells us she wants to go home, we call her parents and make sure they want their child to come home. Then we initiate a conference call between the parents and the youth and discuss how life will be when the youth goes home, what each person should expect. Then we use the Home Free program – we arrange for Greyhound to issue a ticket for the youth to travel home. And because we have a lot of information on that youth and her family, we are able to do a follow-up call in a couple months after she's returned home to find out how things are going and offer additional resources."

The Switchboard also offers message relay as an option to callers. "Message relay is a tremendous service," Blaha notes. "Youth on the street can call us and say, 'Please call my mom and let her know that I'm OK.' We are able to relay the message 99 percent of the time. Sometimes parents call to leave a message for their child, but of course the only way to get the message to the youth is for the youth to call us. When parents call to leave a message, we tell them to call all their child's friends and ask if anyone is in contact with their youth, to please tell him or her to call the NRS."

REACHING RUNAWAYS

Through national advertising and a world-wide presence at www.nrscrisisline.org, NRS is spreading the word about their services. "Eighty-three percent of callers are first-time callers," says Blaha, "which tells us that we really are reaching people. Our focus is crisis intervention, but we do tell callers that they shouldn't hesitate to call again if we can help them further." Although the front line team at the National Runaway Switchboard often work with callers to facilitate runaways' homecoming, those who answer the phones at NRS rarely hear the outcome of their efforts. "It's hard for the volunteers and staff, because even if they feel they've made an impact during the call, it's hard to know how much help they've been," Blaha notes. The success of the National Runaway Switchboard is told simply in the lives of the youth it has helped, and although most of those stories may never be heard, NRS remains a beacon of hope for youth with nowhere else to turn.

Contact the National Runaway Switchboard on the Web at www.nrscrisisline.org, or call 773-880-9860 (office), or 800-621-4000 (hotline).

The healing power of animals

At KidsPeace, animals are helping kids open up to others through group therapy that's fun, relaxing, and empowering. According to Kathryn Jean Gress, psychotherapist and animal-assisted therapy specialist, Animal Assisted Therapy (AAT) is enhancing students' communication skills while teaching proper animal treatment and empathy in the KidsPeace Advances program in Temple, Pennsylvania.

"... the animals help bridge the students' conversations to the therapist, to the teacher, and then to each other."

The KidsPeace Advances program serves school-age kids with behavioral and adjustment disorders, family crises, and other issues by providing a therapeutic community for those having difficulty in everyday school and community settings. The students in the program participate in several therapeutic sessions a week in addition to school and therapeutic recreation.

Many of the students are reluctant to open up to their therapists and teachers, but Kathryn Gress has found a way to pique the kids' interest and help them discuss their problems. Gress provides group therapy twice a week to kids in the Advances program with the help of special educational teacher Melissa West and mental health worker Bill Underwood. A group of furry friends including Brutus and Kayla, both Great Pyrenees dogs, Thumper, a Pennsylvania Dutch rabbit, and Syka Hya Muchka, a blue Persian cat, meet with the kids in these sessions.

Underwood has found that many of his students relate so easily to the animals that they are effectively learning how to stay on task, follow directions, and connect with others. The animals' ability to obey instructions, to react calmly to challenging situations, and to love unconditionally serves as a behavioral model for the students. "This type of therapy allows the children the opportunity to open up and express themselves with the therapist," says Underwood. As the students begin to know the animals "as people," they learn to empathize. Recently, when Brutus the Great Pyrenees dog was having medical difficulties, the students flooded him with get-well cards and asked Gress about him frequently. "First, the students talk to the animals," notes Gress. "Then, as the kids ask questions and discuss how they feel about the visit, the animals help bridge the students' conversations to the therapist, to the teacher, and then to each other."

Most of the students do not have pets at home, and this therapy gives them the chance to build a relationship with an animal while learning to be responsible. "I have enjoyed watching the smiles on my student's faces as they interact with the animals," says teacher Melissa West. The students are empowered by the responsibility of looking after the animals when they come to visit, because the kids know the pets need and love them.

KidsPeace hopes to continue to develop this special treatment, and individual sessions are now being requested to help reach more apprehensive children. Families are very eager to embrace the human-animal bond that therapy provides, because they see the powerful effect the animals have on their children. Gress is researching other AAT methods to help her students, and has already begun a program in which students read to the animals in order to enhance the kids' reading and comprehension abilities. This is truly an effective way to help students relate better to others, enhance their communication skills, and be empowered to take responsibility for their own actions.

KidsPeace Advances students pose with their teacher Bill Underwood (in back) and Brutus, the Great Pyrenees dog.

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STRESSED OUT KIDS

Andrea Cooper, LGSW

I teach yoga to middle-schoolers once a week. Nobody would ever call me an expert at yoga, in fact, I have only been practicing it for about two years. I cannot do most of the poses properly, my back is definitely not flat, and I am often corrected by my own yoga teachers. What I can do, after 45 minutes of stretching, breathing, and practicing fun poses with my students, is allow them to lie on the floor on their backs with their arms stretched out to their sides, and lead them in deep breathing, progressive muscle relaxation, and visual imagery. When I finish the five-minute relaxation script, I tell them to take a few moments to wiggle their fingers and toes, open their eyes when they are ready, and to appreciate the good feelings that come with relaxation. Nobody moves. I again repeat these directions and I find that some are sleeping, some want more script, and some look as if they want to cuddle and take a nap. I have come to realize that these kids are way too stressed out, and could benefit from opportunities to relax their bodies and minds, picture happy things when life is not so happy, and teach themselves how to calm down so they can learn.

What's new about stress?

Life is very stressful for many kids these days. Many parents enroll their children in the best preschool programs before their kids are born. Some sign up their kids for dance, art, sports, computer, gymnastics, and music classes to make them "well rounded" for future college applications. Many kids cannot practice their social skills in terms of how to deal with conflict, confrontation, and negotiation, because they are sitting at their computers alone rather than playing outside with other kids. Some children see other kids with better clothes and toys, and they feel anxious that they will not be accepted.

In their book *Ready, Set, Relax* (Inner Coaching, 1996), Jeffrey S. Allen, M.Ed, and Roger J. Klein, Psy.D., suggest that personality characteristics such as low self-concept, aggression, defensiveness, rigidity, cautiousness, guilt, and disturbed rela-

The model represented here is for illustrative purposes only, and in no way represents or endorses KidsPeace.
photo © RubberBall Productions

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tionships with peers and adults are related to high levels of anxiety.

But hasn't life always been stressful for kids? Some grew up in times of war and poverty; others had to leave their countries in secret to avoid persecution. And although most American kids don't face daily life-threatening situations, recent research has found rising diagnoses of anxiety disorders and use of anti-anxiety medications among kids, many of whom become so worried about school and activities that they develop physical difficulties or have trouble sleeping. A recent study by Jean M. Twenge, published in the December 2000 issue of the Journal of Personality and Social Psychology, suggests that self-reports of anxiety have risen since the 1950s, a result consistent across samples of college students and children. The study concluded that anxiety is so high now that normal samples of children from the 1980s outscore psychiatric populations from the 1950s.

... recent research has found rising diagnoses of anxiety disorders and use of anti-anxiety medications among kids, many of whom become so worried about school and activities that they develop physical difficulties or have trouble sleeping.

Symptoms of stressed-out kids

More recently, research has been done on children and how stress impacts their lives. Stress interferes with kids' ability to make friends, concentrate in school, sleep, and eat. Stress causes a significant amount of physical symptoms as well, such as headaches, stomachaches, hives, weight gain/loss, and high blood pressure. Ailen and Klein have found that as children advance in school, pressures – such as increases in the amount and difficulty of homework, competition for grades, and peer pressure – can add to their level of stress. In the May 2002 issue of *Child* magazine, Dr. Barbara Jordan suggests that stress within the family can be contagious, and can also make a child sick. She explains that research has found 30 percent of strep infections in children are preceded by a stressful experience, such as divorce or the birth of a sibling, and that in a recent study at Adelaide University in Australia, researchers found that children with asthma are often more bothered by their symptoms if they live in a family with ongoing tension and conflict.

Consider my middle school yoga students. No wonder they want to stay in that cocoon of relaxation! It gives them an opportunity to take all the pressure, anxiety, and stress and put it away for a little while. It gives them the chance to imagine that they are lying on a white sandy beach, flying peacefully in a hot air balloon, or running in a quiet field. They get to take deep breaths, relax their bodies, and smile.

So what can the adults in their lives do to help them and encourage them to calm down and relax? Certainly some of the stressors our children experience are societal. It is difficult to change what society expects from them; therefore, we first need to recognize that some of the pressure they feel is coming from us – parents, teachers, coaches – and explore ways to reduce it. When we talk to our kids about their science test grade or their weight, are we sending messages that our kids are substandard, or are we encouraging them? Certainly most parents would rather have a B student who is well rounded with a few interests and activities that they love, than a straight-A, overworked, overscheduled stressed-out kid.

Defining relaxation

Think of how you define relaxation. We know that people relax in different ways: resting, reading, listening to classical music, going for a jog, or exercising. It is important to remember that your child may relax in a different way than you do. She may need space and quiet while you need the TV on and a friend to talk to on the phone. He may want to keep busy while you relax on the couch. It is so important that kids have downtime. So many of my students come into school exhausted because by the time they get home from their after-school activities and finish their homework, it's time to go to sleep. They have no time to process their day, no time to reflect on their accomplishments and consider improvements, and no time to think about tomorrow. Because tomorrow, the process begins all over again. So when a normally small glitch in their day occurs, their regular coping mechanisms are not effective and they end up frustrated and overwhelmed.

It's important that we, the adults in their lives, help our kids process and debrief at the end of each day. Dinner conversation or a chat before bed may be just what your child needs. Schedules tend to fill up and leave little time for opportunities such as these, but these moments are so important for our children, and for us.

Kids need to be kids

Kids who are constantly on the go, who carry schoolbags heavier than many adults' briefcases, are like little grownups – but they need to be kids. So take a moment to evaluate your family's space and lifestyle to see if it is conducive to positive energy and relaxation for your family. It will help you as much as it will help your kids.

Andrea Cooper is a social worker at Kingsbury Day School in Washington, D.C. Andrea has experience working with students with special needs in school and clinical settings. She fell in love with yoga two years ago and has been teaching it ever since.

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On dealing with stress:

What I've learned from parenting a child with special needs

By Brooke Schewe

Three years ago, I began having excruciating pains in my upper right side. The pain was so bad that I couldn't work. I assumed that it was the result of having had my gall bladder removed that year. However, after enduring a string of invasive medical tests, I was declared to have a clean bill of health.

Although I was very pleased to find out I wasn't suffering from a fatal disease, the pain was not subsiding. Frustrated, I searched the Internet for a possible diagnosis. Very often, search engines redirected me to Web sites concerning stress management. I began to wonder if my pain could simply be stress-related or psychosomatic.

The day before my youngest son was to be evaluated for an early intervention program, the pain in my side grew worse. The day of the evaluation, which consisted of detailing every possible behavioral defect my child had, the pain was worse than ever before. That evening, my son did not want to go to bed. I picked him up and carried him upstairs. He was furious at me and grabbed my cheeks with his nails, arched his back, and began to scream inconsolably. At that moment I realized that my pain could indeed be stress-induced.

I shared this information with my doctor, who diagnosed me with a very common stress-related ailment. Once I became aware of the source of my pain, I was determined to recover. I wanted to be able to work again, and most of all I wanted to be pain-free. I accepted that I needed to change my methods of dealing with stress.

Letting go of stress

After evaluating my situation, with the help of a counselor, I began to uncover all of the ways I was allowing stress to take control of my life. The primary source of my stress originated from the enormous guilt I felt surrounding my son's need for special services. I was constantly blaming myself, thinking his special behavioral needs were somehow my fault. I thought to myself that I must have not taken good enough care of myself while I was pregnant. I did all the right things – I ate right, rested, never drank or smoked – but still I blamed myself for his premature delivery. Perhaps I didn't breast feed him long enough, wasn't as optimistic as I should have been, didn't hold him enough. In my eyes, my son's special behavioral and emotional needs were all my fault.

continued on page 22

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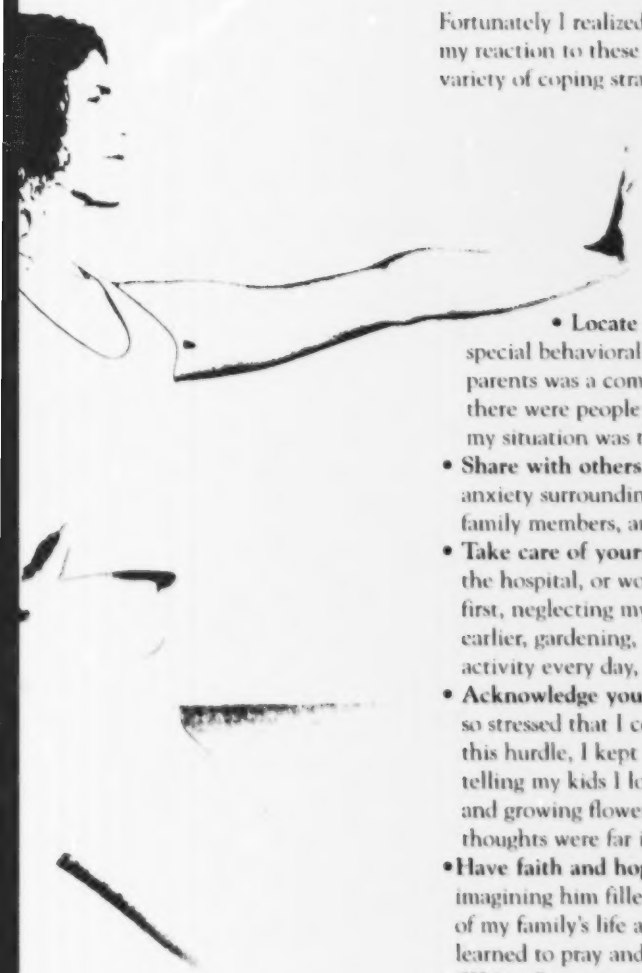
In addition to the guilt, I worried constantly about me and my husband being stigmatized and blamed for our son's behavior. I also worried constantly about my son's future: Will he ever be able to have a happy life? What if he never improves? What if he hates me?

Fortunately I realized that although I had little control over the stressors in my life, I could control my reaction to these stressors. Through research and the help of my counselor, I investigated a variety of coping strategies and implemented them into my daily life. Today, I am pain-free and my son is doing very well. I have the tools to deal with potential stressors long before they manifest into a physical, mental, or emotional problem.



Tools I found helpful as a parent coping with stress

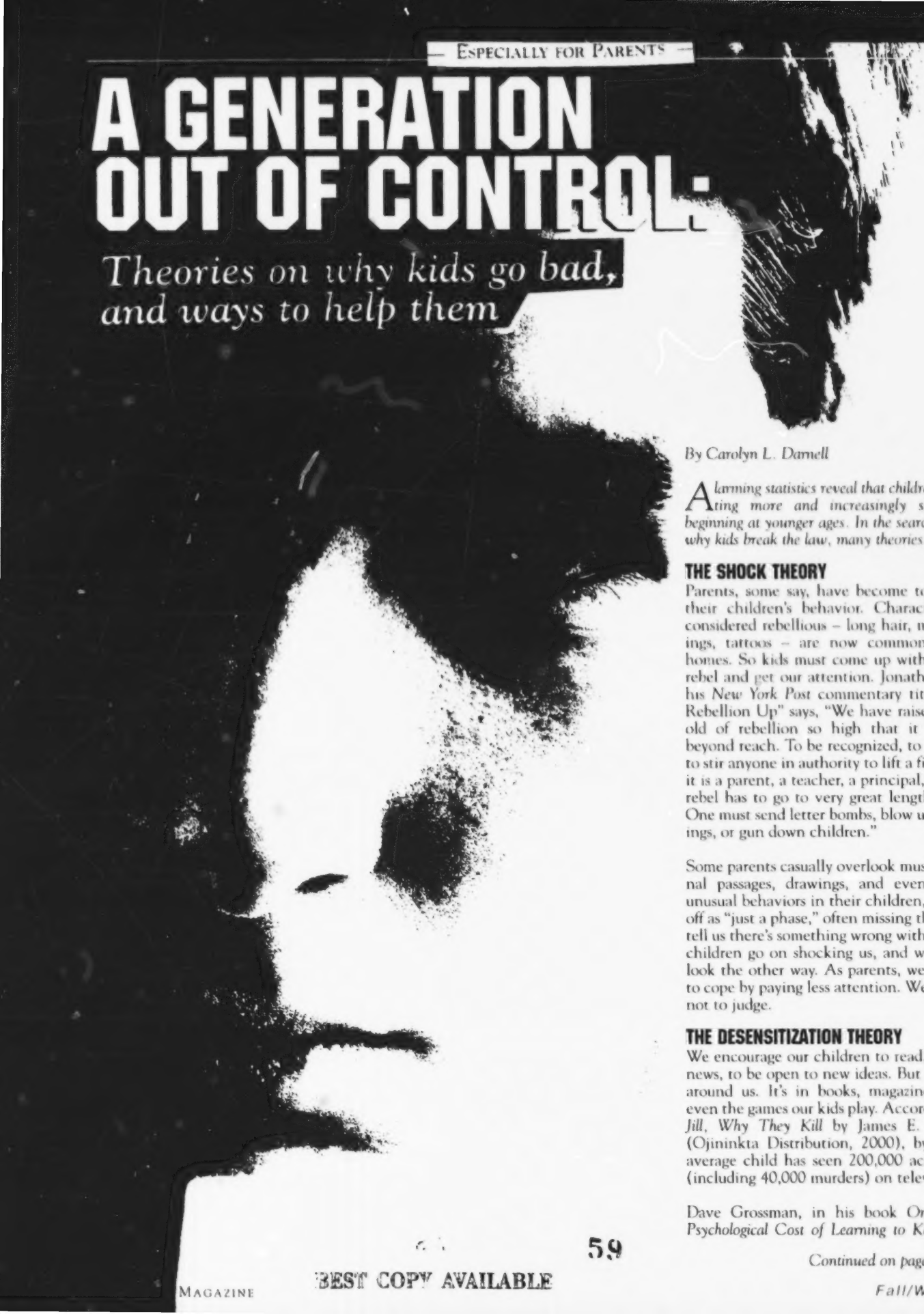
- **Identify.** Identifying the stressors in my life helped me to step back and make changes in the way I responded and reacted to stress.
- **Locate support.** Once I realized that there were other parents who have children with special behavioral and emotional needs, I was relieved. To hear similar stories coming from other parents was a comfort. I knew then that I wasn't alone. Meeting other families helped me see that there were people experiencing far worse situations than mine. Until then, I had always thought my situation was the worst to be in.
- **Share with others.** Once I made the commitment to be up front about my son's special needs, my anxiety surrounding stigma and blame disappeared. Discussing my feelings with my counselor, family members, and friends helped much more than holding everything in.
- **Take care of yourself.** I realized that if I didn't take better care of myself, I was going to end up in the hospital, or worse, miserable for the rest of my life. I was putting the needs of everyone else first, neglecting myself physically, emotionally, and spiritually. I started eating better, going to bed earlier, gardening, and exercising. I also took time to meditate and participate in a relaxing activity every day, even if it was for just a few minutes at a time.
- **Acknowledge your positive traits!** I was addicted to negative thinking patterns. Some days I felt so stressed that I couldn't think of one good thing to say about my family or myself. To get over this hurdle, I kept it simple. I began to recognize even the smallest things I had accomplished, like telling my kids I loved them every morning with a hug, helping my mom fix her e-mail problems, and growing flowers in my garden. I got in the habit of being so optimistic that my negative thoughts were far in the back of my mind.
- **Have faith and hope.** Instead of thinking my son would never be happy, I concentrated on imagining him filled with happiness in the future. I realized that I was powerless over many aspects of my family's life and that worrying wasn't going to change the future. During stressful moments, I learned to pray and reassure myself that "all will be well" and that "this too shall pass."
- **Write.** Starting a journal was one of the most therapeutic commitments I've ever made to myself. It has proven to be a great way for me to get in touch with my feelings. My journal is my personal sounding board, where I list all of my concerns, opinions, and reflections.

These aren't the only ways to minimize stress in your life, and they certainly won't make your life completely stress-free. Everyone manages his or her stress level in a different way. It's important to locate your individual tools to diminish unneeded stress. Remember, though, that stress is a necessary part of life. It's how you choose to deal with it that makes all the difference.

Brooke Schewe is the mother of two sons, ages 16 and 6. Her 6-year-old has ADHD and has been receiving special education services since the age of 3. Brooke is the Director of Outreach and Development for Families Together in NYS, a statewide organization that offers information, support, and advocacy for families of children with special emotional, behavioral, and social needs. She is a passionate advocate for families of children with special needs and has been involved in grassroots advocacy since 1989. For more information on Families Together in NYS, visit www.ftnys.org or call 888-326-8644 toll-free.

A GENERATION OUT OF CONTROL:

Theories on why kids go bad, and ways to help them



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By Carolyn L. Darnell

Alarming statistics reveal that children are committing more and increasingly severe crimes, beginning at younger ages. In the search to determine why kids break the law, many theories have evolved.

THE SHOCK THEORY

Parents, some say, have become too tolerant of their children's behavior. Characteristics once considered rebellious – long hair, multiple piercings, tattoos – are now commonplace in our homes. So kids must come up with new ways to rebel and get our attention. Jonathan Cohen, in his *New York Post* commentary titled "Defining Rebellion Up" says, "We have raised the threshold of rebellion so high that it is practically beyond reach. To be recognized, to get attention, to stir anyone in authority to lift a finger, whether it is a parent, a teacher, a principal, or a sheriff, a rebel has to go to very great lengths these days. One must send letter bombs, blow up office buildings, or gun down children."

Some parents casually overlook music lyrics, journal passages, drawings, and even different or unusual behaviors in their children, writing them off as "just a phase," often missing the signals that tell us there's something wrong with our kids. Our children go on shocking us, and we continue to look the other way. As parents, we have learned to cope by paying less attention. We have learned not to judge.

THE DESENSITIZATION THEORY

We encourage our children to read, to watch the news, to be open to new ideas. But violence is all around us. It's in books, magazines, television, even the games our kids play. According to *Jack & Jill, Why They Kill* by James E. Shaw, Ph.D. (Ojininkta Distribution, 2000), by age 18, the average child has seen 200,000 acts of violence (including 40,000 murders) on television.

Dave Grossman, in his book *On Killing: The Psychological Cost of Learning to Kill in War and*

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Please join us for a very special workshop presented by the KidsPeace Institute
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"Helping Kids Cope with Crisis, Violence, and Terrorism: Prevention Strategies and Building Resiliency"

Presented by Dr. Scott Poland,

Director of the Department of Psychological Services for the Cypress-Fairbanks School District in Houston, Texas, a school district of about 75,000 students. Dr Poland is an internationally known expert on school crisis, youth violence, and suicide intervention. He is a member of the National Emergency Assistance Team of the National Association of School Psychologists and a member of the U.S. Department of Education and Criminal Justice Task Force on School Violence and Victimization. He participated in crisis work after the Oklahoma City bombing and the school shootings at Paducah, KY, Jonesboro, AR, and Littleton, CO. He has spoken in Turkey, China, and England on the topics of youth violence and safety.

Wednesday, April 28, 2004

8:30 a.m. – 4:30 p.m.

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Registration form: Detach here. Please return at least one week prior to seminar date to: The KidsPeace Institute • Attn: Helene Navarro (HLSWS03F)
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Continued from page 23

Society (Little, Brown, 1996), claims that if you show children enough visual images of violence they will become desensitized to it. Hooking a plastic gun to a video game system actually helps kids improve their shooting skills, overcome the hesitation to kill, and make them more willing to pull a trigger without fully considering the consequences.

THE MORALS AND DISCIPLINE THEORY

Many believe that children no longer have a system of values that tells them who they are and how to act. Former Education Secretary Bill Bennett, on a talk show discussing the tragedy at Columbine High School in Littleton, Colorado, voiced his concern about a world where a group of kids can walk through school hallways in trench coats spreading hate without drawing the attention of teachers and administrators, while a kid walking through the halls with a Bible under his arm would be sure to bring complaints.

Discipline based in the morality of right and wrong, good and bad, and containing clear rules for human interaction is also missing. Instead of providing discipline, some parents let their kids rule the home, afraid of the consequences of saying "no."

THE MISSING PARENT THEORY

More children are returning home after school to an empty house ... and the possibility of trouble. Serious violent crimes committed by juveniles peak in the hours immediately after the close of school. Youth are more likely to be victims of crimes or sexual assaults during this time as well, and are more likely to abuse drugs and alcohol compared to those who are supervised.

THE VICTIMIZATION THEORY

Kids can "learn" to be offenders by first being victimized. They tend to hang around those who are similar to themselves, and offenders are more likely to live in areas where crime, drug and alcohol use, and poverty are high, which increases their exposure to other offenders. Violent victimization that occurs during adolescence also appears to be a risk factor for adult problems such as domestic violence, problem drug use, and additional incidences of victimization in adulthood.

THE MEDICATION THEORY

Some feel that kids are being medicated into violence. According to the December 1997 issue of the American Psychiatric Association's *Monitor on Psychology*: "In 1996, physicians wrote a whopping 735,000 prescriptions for Prozac and other selective serotonin reuptake inhibitors (SSRIs) for children ages 6 to 18 – an 80 percent increase in just two years. Physicians also wrote many prescriptions for Ritalin and other psychiatric medications." Although Prozac has not been associated with violent outcomes, it has had some harmful effects in children, with common side effects including agitation and nervousness. But complications can be far more severe in troubled youngsters.

photo © Stockbyte

THE NARCISSIST THEORY

Psychologists in the 1950s labeled a narcissist as one who never progressed beyond the self-love of the infancy stage. Narcissists, they said, are often charming, but have never learned to truly love anyone else. They believe their own worth and value far outweighs that of others, and they simply use others to satisfy their own desires and to enhance their own self-esteem. And when others fail to give them the unearned respect they demand, they become disposable to them. Their feelings get hurt easily, and they react with rage, especially during adolescence.

SEARCHING FOR SOLUTIONS

There are many theories that attempt to explain why kids go bad. But regardless of the cause, another question arises: "What are we doing about it?"

There are two groups of kids who break the law: those who have had only one or two brushes with the law, and a much smaller group of hardened chronic offenders who commit the majority of all violent juvenile crime. The larger group of youthful offenders must be deterred from committing additional crimes. Many feel these adolescents deserve and require special handling because they are in a formative period and criminal behavior at this stage of life will not necessarily continue into adulthood. But given too much leniency, a juvenile can commit additional crimes without fear of consequences, thereby resulting in a life of crime. Dealt with too harshly, a young offender can be "programmed" into an adult offender as well. Because of youths' ability to change, programs centered on rehabilitation that include tough yet fair sanctions emphasizing discipline and responsibility are often employed.

The challenge is different with chronic offenders, who must be dealt with effectively in order to protect society. Most feel that this is accomplished by holding juveniles responsible for their behavior through extended periods of incarceration. Chronic juvenile offenders have the potential for long and harmful criminal careers if effective interventions don't take place. Tough, smart sanctions tailored to the particular offender are necessary.

THREE SUCCESSFUL MODELS

According to the American Youth Policy Forum, over the past two decades a number of intervention models have been developed that substantially lower recidivism by youthful offenders. Three of these – Multisystemic Therapy, Functional Family Therapy, and Multidimensional Treatment Foster Care – have been proven successful with youth already engaged in delinquency. All three work with young people in their own homes and communities as a first resort, focusing heavily on the family environment.

Multisystemic Therapy (MST)

Developed by Dr. Scott Heneggeler, Multisystemic Therapy (MST) has reduced future days in corrections or residential treatment by at least 47 percent in eight scientific trials since 1986, according to a report by Richard Mendel titled *Less Hype, More Help: Reducing Juvenile Crime*. Highly regimented, MST uses trained mental health counselors to work with troubled teens and their families, looking for situations in the family system, such as substance abuse, learning disabilities, delinquent peers, or even bad parenting, that may have led the child toward delinquency. The therapist works with the family to overcome these root problems, while providing parenting skills that establish order and respect in the home. Therapists might also refer the youth, parents, or even siblings to any variety of community services. The U.S. Department of Justice evaluations of MST programs have found positive results as well. Treated adolescents were less likely to be rearrested and spent fewer days incarcerated than adolescents in a control group, even years later. MST boasts an 82 percent success rate in a field where a 70 percent failure rate is common.

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Functional Family Therapy (FFT)
According to the American Youth Policy Forum, Functional Family Therapy (FFT), which treats kids while addressing their complex problems, has reduced the recidivism rates of delinquent youth by 25 to 80 percent in repeated trials dating back to 1972. Communication and mutual problem-solving are increased through rules and consequences, social reinforcement, cognitively based interventions, and parent-child contracts that reward good behavior. FFT is a short-term, well-documented program that has been applied successfully to a wide range of problem youth and their families. Researchers designed this program to help diverse populations of underserved and at-risk youth and their families who often enter the system angry, hopeless, and resistant to treatment.

Multidimensional Treatment Foster Care
Built on a strong foundation of research, Multidimensional Treatment Foster Care combines short-term, therapeutic foster care with intensive counseling, rapid reunification of families, and ongoing support. Designed in Oregon, the program simultaneously provides short-term therapeutic foster care, in which troubled youth live with trained foster parents who employ strict behavioral monitoring with support from a licensed therapist, and intensive counseling and parenting skills training for the youth's parents or legal guardians. Foster families provide participating youth with close supervision, fair and consistent limits and consequences, and supportive adult relationships. After six to nine months the families are reunited, but ongoing counseling continues until the home situation is stable and the young person re-adjusts to his or her home environment.

The American Youth Policy Forum reports that in one Multidimensional Treatment Foster Care clinical trial with serious and chronic offenders, participating youth spent an average of 75 fewer days incarcerated than a control group over the subsequent two years. In another study, participating kids were arrested less than half as often as the control group, and were six times as likely to remain arrest-free in the year after treatment.

Despite the successes of these three programs, however, none of these models is in widespread use today.

COMMUNITY-BASED PROGRAMS

Community-based rehabilitation and treatment programs for delinquent youth can also deter young offenders from committing future crimes. Successful programs are small in size, providing kids with individualized attention and opportunities to make decisions and achieve success. Some provide high-quality educational and vocational training, and others offer various forms of counseling. Programs should have clear and consistent consequences for misbehavior or violation of program rules.

THE PROBATION OPTION

According to the first Juvenile Court Statistics report, published using data from as far back as 1927, probation has been the favored means of corrections of juvenile and family court judges for the past 75 years. The oldest method of rendering court-ordered services, probation may be used at the "front end" of the juvenile justice system for first-time, low-risk offenders, or at the "back end" as an alternative to incarceration for more serious offenders. Probation may be voluntary, with the youth agreeing to comply with a period of informal probation in lieu of formal adjudication. But more often, a term of probation is formally ordered, and the juvenile must submit to the probation conditions established by the court.

OTHER POSSIBLE SOLUTIONS

Despite recent criticism, boot camps and mandatory, highly structured community service or public works programs are still promising possibilities that could change a first-time offender's attitude toward himself and society. Such programs involve attempts to change behaviors that have often been learned over a period of years, so commitment must be for a sufficiently long period of time in order to affect behavior patterns. A regimented follow-up program reinforces newly-learned behaviors.

Graduation incentive programs, while increasing the likelihood that kids obtain high school diplomas, can also reduce criminal behavior. A recent research report by the RAND Corporation, a nonprofit institution that helps improve policy and decision-making through research and analysis, found that high school students who participated in such a program were arrested 70 percent less frequently than a control group.

Research on the JOBSTART Program – a program combining basic academic skills, occupation skills training for specific jobs, job placement assistance, and other support services – revealed that non-participants were 63 percent more likely to get arrested than were JOBSTART participants. An evaluation of the Federal Job Corps Program – a residential program for low income youth combining remedial education, vocational skills training, and health care – showed that after six months, Job Corps participants were five times as likely to have obtained a high school diploma or GED than non-participants. Program participants also showed significantly lower rates of criminal behavior, even four years after program completion.

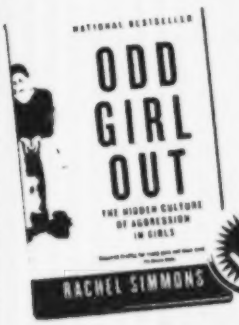
There is also an indication that providing enhanced recreational activities for kids can reduce juvenile crime. The city of Phoenix, Arizona, conducted an experiment in which it left recreational facilities open until 2 a.m. During this period, according to a U.S. Department of Justice research report, juvenile crime dropped by as much as 55 percent. When funding dried up for extended hours, juvenile crime rose again, only to be reduced when funds were again found to keep recreational centers open. Similar results were found in several other states.

WHAT SEEMS TO WORK

There are many programs that appear to be successful in leading juveniles away from a life of crime. Those that target the development of chronic aggression appear to be the most effective. And because home and peer settings can establish and maintain antisocial behavior, interventions that include parent management training and a peer component tend to be successful as well. Programs should enhance academic skills, should provide for the treatment of conditions such as ADHD, and should take place as early as possible in the child's development. Child welfare, mental health, and special education agencies that are involved with delinquent and emotionally disturbed youth should continue working together to better coordinate services, and should become more aware of how their practices affect juvenile delinquency and treatment in their communities.

Healing High Fives

We at *Healing* magazine are always looking for new resources for helping kids. In this feature, we spotlight and give a big "High Five" to tools that we think are unique and beneficial for kids. If you have a suggestion for "*Healing* High Fives" please send it to healing@kidspeace.org or mail it to *Healing* magazine, 4125 Independence Drive, Suite 4, Schnecksville, PA 18078.



Odd Girl Out: The Hidden Culture of Aggression in Girls

By Rachel Simmons

Bullying isn't so much a hot topic as it is an everyday topic. Nearly every child has endured bullying of one type or another, and for many people, the experience haunts them into adulthood in the specters of poor self image, uneasiness in social situations, and lack of trust in relationships. In her best-selling book, *Odd Girl Out: The Hidden Culture of Aggression in Girls*, Rachel Simmons shares the stories of girls and women who have been bullies and victims, friends and enemies.

Over the course of a year, Simmons interviewed girls between the ages of 10 and 14 at 10 "typical" American schools. She also conducted interviews with those students' parents and school administrators, as well as 50 other women who have had life-changing experiences with bullying.

Scattered generously throughout the book are verbatim accounts of classroom discussions and personal interviews facilitated by Simmons, illuminating for the reader the cruelty that punctuates so many young female friendships. Simmons gives dozens of examples: a third-grader is forced to choose between two friends because the girls refuse to "share" her; a ninth-grader is ostracized from her clique because she was seen talking to a boy another girl likes; a fifth-grader mercilessly teases another girl because the popular girls think it's "cool" to be mean. These are everyday occurrences that very often are overlooked by parents or school officials because girls are so adept at hiding their personal conflicts. According to Simmons' research, social relationships are so important to girls that they will do whatever it takes to hold on to the relationships they feel define them as people. As a result, isolation from the clique and fear of relational abandonment become primary weapons in the battle for friendship, popularity, and self-worth. And many of the girls Simmons quotes emphasize the fact that these weapons are wielded directly within view of parents and teachers, who often choose to look the other way, if only because they don't know how to stop it.

The final two chapters of *Odd Girl Out* present strategies for parents and teachers – and victims and bullies themselves – to help change the philosophies and traditions of subtle, passive aggression that underpins female culture. Simmons asserts that classroom discussions about female bullying need to be initiated as early as kindergarten, and continue through high school. Suggestions for appropriate questions to ask (and what not to ask) to find out if a girl is being bullied by her friends, as well as proposals for anti-alternative aggression strategies for school officials to consider, highlight these final chapters.

This book is a must-read for every girl and her mother – not because it reveals hitherto secret acts of female aggression, but because it gives language to the culture of alternative aggressions that every girl has already experienced. In a society where, as Simmons puts it, we "write off girls' conflicts … as simply 'what girls do,'" a book that confronts and defines the subtleties of female aggression and proposes solutions for combating destructive relationships is a treasure to anyone who works around, lives with, is, or has ever been a girl. — *M.D.*

Published: 2002
Harcourt, Inc.
15 East 26th Street
New York, NY 10010
www.HarcourtBooks.com

Our Special Mom/ Our Special Dad

By Tootsie Sobkiewicz, LSW

Our Special Mom and *Our Special Dad* are interactive storybooks about mental illness for children of primary school age. In *Our Special Mom*, which looks at the particular problems faced by a child when his or her mother suffers from a mental illness, and *Our Special Dad*, focusing on the issues raised by a father's illness, the symptoms are described, but the diagnosis is unspecified. Each book has two narrators, a girl and a boy, which helps the reader better identify with the text, and is written in a way that encourages him to add aspects of his personal story.

Sobkiewicz's books contain messages that encourage children to talk about their problems with people who can help, reaffirm that the illness is not contagious, and reassure the child that he or she is in no way responsible for the parent becoming ill or suffering relapses. The child's role as caregiver is acknowledged, and he or she is encouraged to increase problem-solving skills and develop a network of understanding, supportive adults to whom she can turn in times of crisis.

These books, with their workbook-style format, are most effective when used by a mental health worker within the context of an ongoing relationship with the child and family, and help children understand that they are not alone in their situation.

Published: Our Special Mom, 1994; Our Special Dad, 1996
Children of Mentally Ill Parents
P.O. Box 7272
Pittsburgh, PA 15213

You

You help me when things go wrong.
You sing to me my favorite song.
Every day, you would look out for me.
And other people would just let me be.

You buy me things that make me excited.
And talk to me in ways delighted.
You tried to comfort me when I was mad.
And when you couldn't it made you sad.

When you come home you bring me surprises.
In all different shapes and sizes.
You told me things I never thought could be.
And made me open my eyes and see.

You loved me and I loved you too.
You stuck to me like a glob of glue.
You thought of me every day
And took me on vacation by the bay.

You and me together as one.
You and me always having fun.

by Jamie Lynn S., age 15.
written for her mother

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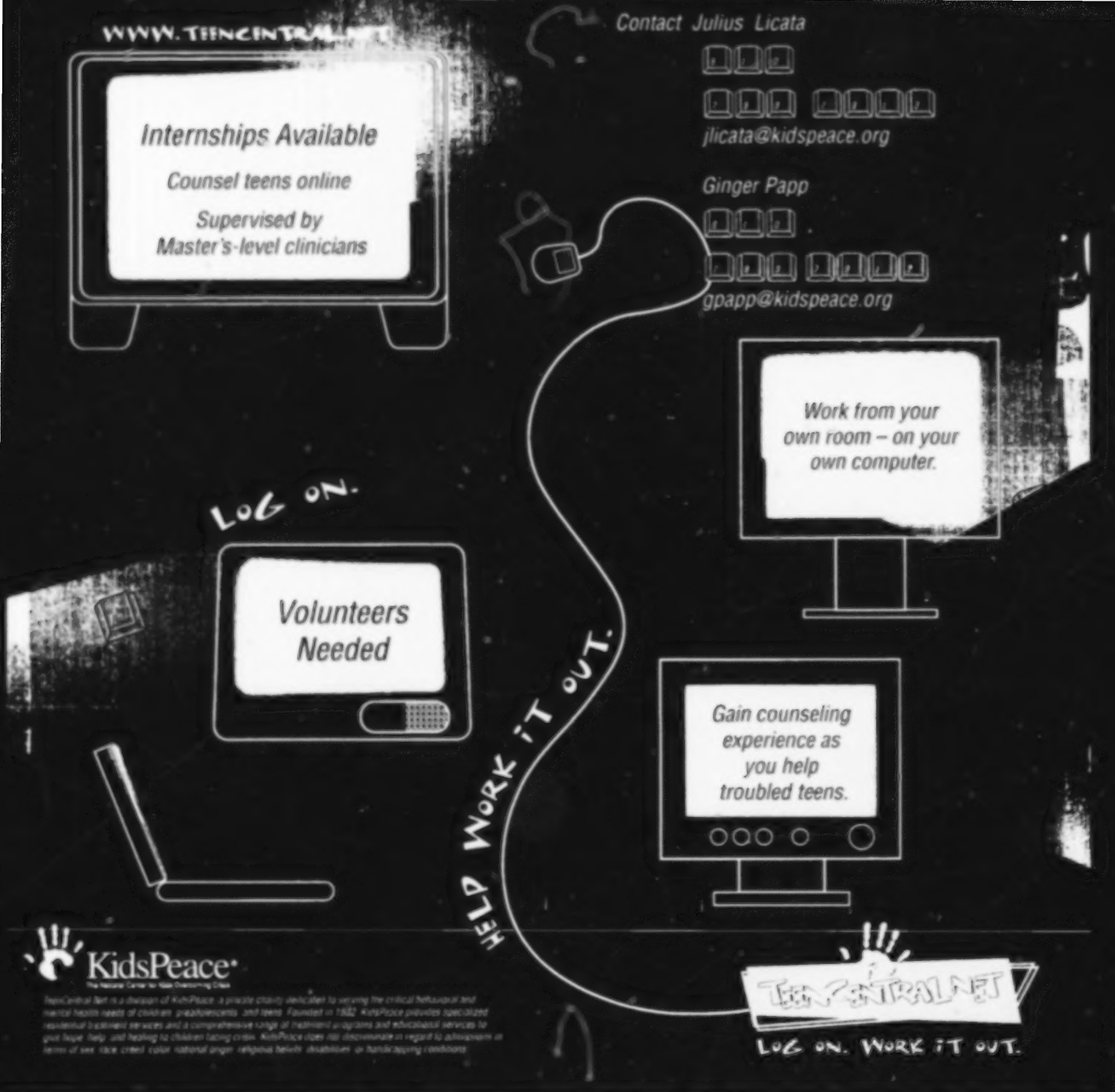
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